

No. 30-48  
FILED NOV 8 1955

## STANDARD CERTIFICATE OF DEATH

32719

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>104</u>	PRIMARY REG. DIST. NO. <u>4176</u>	Registrar's No. <u>98</u>
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). Missouri b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>Campbell</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>407 Locust</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u>		b. (Middle) <u>Gale</u>	c. (Last) <u>Wright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 14, 1942</u>	9. AGE (to years last birthday) Months Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Vondas Wright</u>		
13b. MOTHER'S MAIDEN NAME <u>Velma Wright</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Velma Wright Campbell, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Struck by lightning.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>9351</u>		19a. DATE OF OPERATION <u>46</u>		
19b. MAJOR FINDINGS OF OPERATION <u>46</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. <u>ACCIDENT</u> SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Rt 2 Malden</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Malden Dunklin MO</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 12 '55 1:45 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by lightning.</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Lowyn M. Brown MD</u>		23b. ADDRESS <u>Malden Mo.</u>		23c. DATE SIGNED <u>10-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 17, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-28-55</u>	REGISTRAR'S SIGNATURE <u>J. D. Schreiner</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Irby Funeral Home Rector, Arkansas</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY

DEPARTMENT 11-3-5

COUNTY FILE NUMBER 1153

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.