

FILED JAN 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41023

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 511

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR INDEPENDENCE		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN INDEPENDENCE
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM & HOSP		e. STREET ADDRESS 1218 UNION	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or Print) a. (First) ESTELLA	b. (Middle)	c. (Last) WIGHT	4. DATE OF DEATH (Month) (Day) (Year) DEC 21 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV 26 1874	9. AGE (In years last birthday) 81 YEARS	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EDITOR	10b. KIND OF BUSINESS OR INDUSTRY EDITOR	11. BIRTHPLACE (City and State or Foreign Country) NEWTONIA MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME LYMAN L. WIGHT	13b. MOTHER'S MAIDEN NAME ELIZIA LAYLAND	14. NAME OF HUSBAND OR WIFE SINGLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 490-16-6485	17. INFORMANT'S SIGNATURE (PRINT NAME) MRS. H. G. APPEL ADDRESS HICKMAN MILLS MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 4 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/16, 1955, to 12/21, 1955, that I last saw the deceased alive on 12/21, 1955, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vance E. Link, M.D.	23b. ADDRESS 129 W. Lexington Independence, Mo	23c. DATE SIGNED 12/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE DEC 23 1955	24c. NAME OF CEMETERY OR CREMATORY ROSE HILL	24d. LOCATION (City, town, or county) (State) LAMONIA IOWA
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DATE REC'D BY LOCAL REG. 12-25-55	REGISTRAR'S SIGNATURE [Signature]	354 F. FUNERAL DIRECTOR'S SIGNATURE Henry W. Stall ADDRESS INDEPENDENCE MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1956

JUL 13 1956

JUL 9 1956

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 *John R. Diden*.....
Licensed Embalmer No. 45.....
P. O. Address *James Ct*.....

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.