No. 300
10-48

FILED FEB 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2413

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
c. LENGTH OF STAY (In this place): 70 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 446 East Black Diamond

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN: Richmond
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 446 East Black Diamond

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3. NAME OF DECEASED (Type or Print)
a. (First): FAY
b. (Middle): STONE
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24, 1957

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: September 6, 1880

9. AGE (In years last birthday): 76 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & caterer

10b. KIND OF BUSINESS OR INDUSTRY: Home-baking

11. BIRTHPLACE (City and State or Foreign Country): Richmond, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George A. Stone

13b. MOTHER'S MAIDEN NAME: Molly Hugins

14. NAME OF HUSBAND OR WIFE: David Milton Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Ernest Allen, Richmond, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Generalized arteriosclerosis — unknown.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diverticulitis of colon — life?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☒

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): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* July 3, 1953, *to* Jan. 24, 1957, *that I last saw the deceased alive on* Nov. 23, 1956, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Johnson MD

23b. ADDRESS: Richmond, Mo.

23c. DATE SIGNED: 1/26/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 28, 1957

24c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery

24d. LOCATION (City, town, or county) (State): Richmond, Mo.

DATE REC'D BY LOCAL REG.: Feb 2 - 1957

REGISTRAR'S SIGNATURE: Mabel Jackson

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Levant Thurman, Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embalm

by me, ~~[illegible]~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Wm. L. Thurman.....

Licensed Embalmer No...4563.....

P. O. Address Richmond, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.