

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED FEB 23 1960

**-60-007747**

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 28

STATE FILE NUMBER

|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Ray</u><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u> Length of stay in 1b <u>2 wks.</u><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hosp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                                                                                |                                                                                                                                                                                         | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u><br>c. CITY OR TOWN <u>Richmond</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <u>314 S. Camden</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                               |                                                                                                                                                                      |
| <b>3. NAME OF DECEASED</b><br>First <u>WALTER</u> Middle <u>LEMUEL</u> Last <u>WRIGHT</u>                                                                                                                                                                                                                                                                                           |                                                                                                                                |                                                                                                                                                                                         | <b>4. DATE OF DEATH</b><br>Month <u>Feb.</u> Day <u>15,</u> Year <u>1960</u>                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                                                                                      |
| <b>5. SEX</b><br><u>Male</u>                                                                                                                                                                                                                                                                                                                                                        | <b>6. COLOR OR RACE</b><br><u>White</u>                                                                                        | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> | <b>8. DATE OF BIRTH</b><br><u>10/1/1874</u>                                                                                                                                                                                                                                                                                                                                                                                 | <b>9. AGE (last birthday)</b><br><u>85</u>                                    | IF UNDER 1 YEAR<br>Months <u>    </u> Days <u>    </u> Hours <u>    </u> Min. <u>    </u>                                                                            |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>                                                                                                                                                                                                                                                                 |                                                                                                                                | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>General farming</u>                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>11. BIRTHPLACE</b> (City and state or country)<br><u>Osage County, Mo.</u> |                                                                                                                                                                      |
| <b>12. CITIZEN OF WHAT COUNTRY</b><br><u>U.S.A.</u>                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                | <b>13a. FATHER'S NAME</b><br><u>John Wright</u>                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Mary Agee</u>                          |                                                                                                                                                                      |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Emma Staley Wright</u>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes 6/2/1899-5/1/1902</u>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                      |
| <b>16. SOCIAL SECURITY NO.</b><br><u>None</u>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                | <b>17. INFORMANT</b><br>Address <u>Mrs. Emma S. Wright, Richmond, Mo.</u>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                      |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u><br>DUE TO (b) <u>Cerebral Hemorrhage</u><br>DUE TO (c) <u>Atherosclerosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                      |                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 hrs</u>                                                                                                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                                                                                                                                                                                                                                   |                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                            | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> |                                                                                                                                                                                         | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                                                                                                                      |
| <b>20c. TIME OF INJURY</b><br>Hour <u>    </u> a.m. <u>    </u> p.m.                                                                                                                                                                                                                                                                                                                |                                                                                                                                | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                      |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                     |                                                                                                                                | <b>20f. CITY, TOWN, OR LOCATION</b>                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>COUNTY</b>                                                                 | <b>STATE</b>                                                                                                                                                         |
| <b>21. I attended the deceased from</b> <u>Jan 1-60</u> to <u>Feb 15-60</u> and last saw <u>her</u> alive on <u>2-15-60</u><br>Death occurred at <u>5:05 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                |                                                                                                                                |                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                      |
| <b>22a. SIGNATURE</b><br><u>E. G. Jay</u> (Degree or title)                                                                                                                                                                                                                                                                                                                         |                                                                                                                                | <b>22b. ADDRESS</b><br><u>Richmond, Mo.</u>                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>22c. DATE SIGNED</b><br><u>2-17-60</u>                                     |                                                                                                                                                                      |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><u>Burial</u>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                | <b>23b. DATE</b><br><u>Feb. 17, 1960</u>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><u>Richmond Memory Gardens</u>   |                                                                                                                                                                      |
| <b>23d. LOCATION</b> (City, town, or county)<br><u>Richmond, Mo.</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                | <b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Thurman Funeral Home, Richmond, Mo.</u>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                      |
| <b>25. DATE RECD. BY LOCAL REG.</b><br><u>2-21-1960</u>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                | <b>26. REGISTRAR'S SIGNATURE</b><br><u>Malcolm Jackson</u>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                                                                                      |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0961

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Levent Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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