

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35290**
4629
Registrar's No.

No. 300
10.48 FILED NOV 8 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 45 YEARS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5840 WYANDOTTE STREET		d. STREET ADDRESS (If rural, give location) 5840 WYANDOTTE	

3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) STEVENSON c. (Last) WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) OCT. 20, 1952
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 1, 1884	9. AGE (in years last birthday) 67	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) COVINGTON, KENTUCKY	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CALEB JOHN STEVENTON	13b. MOTHER'S MAIDEN NAME NINA MORGAN	14. NAME OF HUSBAND OR WIFE EARL B. WRIGHT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs Wanda S. Hooper	ADDRESS 5840 WYANDOTTE
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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 at once
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis x High bp from 5 yrs. DUE TO (c) Arthritis Spine		

19a. DATE OF OPERATION no	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) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson, Mo.
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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? H201
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22. I hereby certify that I attended the deceased from **Dec. 1947** to **Oct 20, 1952**, that I last saw the deceased alive on **Oct 14, 1952**, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E.K. Robinson (Degree or title) MD	23b. ADDRESS 1228 Professional Bldg	23c. DATE SIGNED Oct 20 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 23, 1952	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 10-22-52	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address I.P., Mo

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 this body is not embalmed, fact should be so stated above.