

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40303**

FILED DEC 30 1954

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 342			
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE of deceased Stuntsville decreased lived. If institution: residence before a. STATE Missouri COUNTY Randolph					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Fulton		c. LENGTH OF STAY (in this place) Days		c. CITY OR TOWN Stuntsville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp no 1				e. STREET ADDRESS _____ 0881					
3. NAME OF DECEASED (Type or Print) a. (First) Penas			b. (Middle) Alan		c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1954		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 23, 1899	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Month Days	IF UNDER 48 HRS. Hours Min.		
9a. USUAL OCCUPATION (Give kind of work done during most of year, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Allen Clumpson			13b. MOTHER'S MAIDEN NAME Mary Marr		14. NAME OF HUSBAND OR WIFE Guy Wright				
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 patient (self) ADDRESS Stuntsville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH pernicious anaemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2900 YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Oct 1, 1953 , to Dec 21, 1954 , that I last saw the deceased alive on Dec 20, 1954 , and that death occurred at 10 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE J.P. Hunter M.D. (Degree or title)					23b. ADDRESS Fulton Mo		23c. DATE SIGNED Dec 27-54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 23-1954		24c. NAME OF CEMETERY OR CREMATORY Hickory Grove		24d. LOCATION (City, town, or county) (State) Stuntsville, Mo.			
DATE REC'D BY LOCAL REG. Dec 22-1954		REGISTRAR'S SIGNATURE Maretha Lawrence		426- J.B. Patton		FURNERAL DIRECTOR'S SIGNATURE ADDRESS Stuntsville, Mo.			

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.....
Signature of Student Embalmer

Signed..... *Paul Patton*

Licensed Embalmer No. *489*.....

P. O. Address *Huntsville*.....

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.