URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-015888

STATE FILE NUMBER

FILED VS MAY 3 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 199

ENDED

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b: All Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 326 N. Mina Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 326 N. Mina St — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Ralph Middle: Austin Last: Wright

4. DATE OF DEATH Month Day Year: April 18, 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-12-1904
9. AGE (last birthday): 56
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver
10b. KIND OF BUSINESS OR INDUSTRY: Transporation
11. BIRTHPLACE (City and state or country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Austin Wright
13b. MOTHER'S MAIDEN NAME: Essie Bryce
14. NAME OF HUSBAND OR WIFE: Maudie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 500-09-1634
17. INFORMANT: Maudie Wright, 326 No Mina, Joplin, Mo Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Did not see alive, to and last saw her/him alive on
Death occurred at Found dead in bed 4-18-1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dove Merriam, Local Registrar
22b. ADDRESS: 201 Joplin St. Joplin Mo.
22c. DATE SIGNED: 4/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-22-1960
23c. NAME OF CEMETERY OR CREMATORY: Osborne Memorial Cem
23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary Joplin, Mo
25. DATE RECD. BY LOCAL REG.: 4-23-1960
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUN 2 1960

STATEMENT BY LICENSED EMBALMER

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_____ Signed David Dillon

Signature of Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin

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