RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038771

STATE FILE NUMBER

ED VS OCT 26 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 495

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JOPLIN — Length of stay in 1b: 7 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. JOHN'S HOSPITAL — 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): 311 PARK AVE. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JAMES Middle: HAROLD Last: WRIGHT
4. DATE OF DEATH: Month: OCTOBER Day: 19 Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-9-1927
9. AGE (last birthday): 33
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): SWITCHMAN - SOUTHWESTERN BELL TELE. Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): MARYSVILLE, KS.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: WALTER WRIGHT
13b. MOTHER'S MAIDEN NAME: MARY LANGLEY
14. NAME OF HUSBAND OR WIFE: RUTH E. WRIGHT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: MRS. RUTH E. WRIGHT Address: 311 PARK AVE.

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): Carcinoma of Rt. Lung & metastasis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.
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 10-25-55, to 10-19-60 and last saw ~~him~~ alive on 10-19-60
Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. K. Wieman MD.
22b. ADDRESS: 301 Medical Arts Bldg. Joplin, Missouri
22c. DATE SIGNED: 10-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-22-60
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park
23d. LOCATION (City, town, or county) (State): Joplin, Mo.
24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 10-21-1960
26. REGISTRAR'S SIGNATURE: Doris Merriam

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 4 1960

MAR 2 1961

VS OCT 28 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 Harvey E Arnce

Signature of Student Embalmer

Licensed Embalmer No. 4465

P. O. Address Joplin Mo

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.