

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046587

FILED VS DEC 28 1960

Registration District No. 256 Primary Registration District No. 2001 Registrar's No. 619

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 1 week	c. CITY OR TOWN Hallowell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WARREN Middle E. Last WRIGHT			4. DATE OF DEATH Month December Day 13, Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-19-1922	9. AGE (last birthday) 38	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto Repairing	11. BIRTHPLACE (City and state or country) Hallowell, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lenna Wright		13b. MOTHER'S MAIDEN NAME Edith Hutton		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Lenna Wright, Hallowell, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Hepatic Failure					2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Liver Metastasis					2-3 months	
DUE TO (c) Carcinoma of Pancreas					Unknown	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 5:15 a.m. p.m.	Month, Day, Year 12/9/60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Joplin Mo		COUNTY Columbus		STATE Kansas
21. I attended the deceased from 12/9/60 to 12/13/60 and last saw her/him alive on 12/12/60 Death occurred at 5:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE B. J. Woodruff md (Degree or title)			22b. ADDRESS Joplin Mo		22c. DATE SIGNED 12/14/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-13-1960	23c. NAME OF CEMETERY OR CREMATORY Columbus		23d. LOCATION (City, town, or county) (State) Columbus, Kansas		
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.			25. DATE RECD. BY LOCAL REG. 12-21-1960	26. REGISTRAR'S SIGNATURE Dove Merriam		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 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 _____
Signature of Student Embalmer

Signed Tracy Mc Curd

Licensed Embalmer No. 512

P. O. Address Joplin,

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