

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15784**

FILED JUN 7 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 53 Yrs	c. CITY OR TOWN Joplin
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 2618 West B Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Bonita	b. (Middle) Fay	c. (Last) WRIGHT	4. DATE OF DEATH (Month) (Day) (Year) May 6, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 18, 1902	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Frank Riggs	13b. MOTHER'S MAIDEN NAME Kathryn Cook	14. NAME OF HUSBAND OR WIFE Ralph A. Wright
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Ralph Wright	ADDRESS 2618 West B Joplin, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SODIUM FLOURIDE POISONING		LESS THAN 24 HOURS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. WITH DUE TO (b) MARKED CLOUDY SWELLING BOTH KIDNEYS		
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION E9717	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JOPLIN JASPER Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) UNKNOWN PROBABLY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? TOOK INSECT POWDER RECOVERED FROM STOMACH BY STATE CHEMIST
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22. I hereby certify that I attended the deceased from **DID NOT ATTEND**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Wendell M. Corner, Jr. M.D.	(Degree or title) MD	23b. ADDRESS 1324 N. 1st St. Joplin, Mo.	23c. DATE SIGNED 5/24/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 6-1-55	REGISTRAR'S SIGNATURE Doc S. Langer	25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort	ADDRESS Joplin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed JUN 6 1955

MAY 29 1955

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..... Cecilia Hammel

Licensed Embalmer No. 359

P. O. Address.....

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.