URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011513

STATE FILE NUMBER

FILED VS APR 12 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 174

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: 8 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: FREEMAN HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: NEWTON
c. CITY OR TOWN: JOPLIN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 627 E. 39TH ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MAUDE Middle: SIMONS Last: WRIGHT
4. DATE OF DEATH: Month: APRIL Day: 7 Year: 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-4-1878
9. AGE (last birthday): 81 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and state or country): GARNETT, KAN.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: ALLISON SIMONS
13b. MOTHER'S MAIDEN NAME: MAY BOCKOVER
14. NAME OF HUSBAND OR WIFE: DEC'D
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. ROY WHITE, 627 E 39TH, Address: JOPLIN, MO.

MEDICAL CERTIFICATION

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)	Pulmonary Embolus	12 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterio Scleriotic Heart Disease	6 mo.
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 June 11, 1953 to April 7, 1960 I last saw her alive on April 7, 1960
Death occurred at 9:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. H. Wilson (Degree or title) A. H. Wilson, M.D.
22b. ADDRESS: 1923 Sergeant, Joplin, Mo.
22c. DATE SIGNED: 4-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 4-9-60
23c. NAME OF CEMETERY OR CREMATORY: GARNETT
23d. LOCATION (City, town, or county) (State): GARNETT, KANSAS

24. FUNERAL DIRECTOR: STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-8-1960
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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. Ounce

Signature of Student Embalmer

Licensed Embalmer No. 4463

P. O. Address Joplin, Missou

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