

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13489

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 200		Registrar's No. 199			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 75 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION Freemans				d. STREET ADDRESS (If rural, give location) 1830 Connor					
3. NAME OF DECEASED (Type or Print) a. (First) Bessie			b. (Middle) Phillips		c. (Last) Pickett		4. DATE OF DEATH (Month) (Day) (Year) April 17 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 25, 1874		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bookkeeper			10b. KIND OF BUSINESS OR INDUSTRY electricity		11. BIRTHPLACE (State or foreign country) Joplin, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John N. Pickett			13b. MOTHER'S MAIDEN NAME Mary Susan Miller		14. NAME OF HUSBAND OR WIFE				
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 ADDRESS Mrs. Mary Pickett 1830 Connor				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Pulmonary embollus Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH instant. 4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1941, 19, to 4/17/1950, that I last saw the deceased alive on 4/17/1950, and that death occurred at m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS Frisco Bldg, Joplin Mo			23c. DATE SIGNED 4/18/1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-19-50		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Joplin Mo.			
DATE REC'D BY LOCAL REG. 4-19-50		REGISTRAR'S SIGNATURE Ed J. James 138			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary Joplin				

(Licensed Embalmer's Statement on Reverse Side)

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

0495
0

RECEIVED 4-24-50
Jasper County Health Office

County File Number 50-4-336

Date Filed 4-28-50

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 _____
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin Mo*

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 this body is not embalmed, fact should be so stated above.