# JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 17 1960

-60-038791
STATE FILE NUMBER

ENDED

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 167

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Twsp.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hope Manor
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) 903 Thall Street
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MABEL Middle: B. Last: PICARD

4. DATE OF DEATH Month: October Day: 10 Year: 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-12-1900
9. AGE (last birthday) 60
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 Housekeeping
11. BIRTHPLACE (City and state or country) Little Rock Ark
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME P. M. Bradley
13b. MOTHER'S MAIDEN NAME Lela Mann
14. NAME OF HUSBAND OR WIFE Donald L Picard

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. Jackie Stallcup 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) | Pneumonia | 48 hrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Malnutrition | 6 mos. |
| DUE TO (c) | Metastatic tumor of neck - from Posterior lingual tumor | 3 yrs. |

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 9-30-60, to 10-10-60 and last saw (her) alive on 10-10-60
Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE J. L. Longenecker (Degree or title) M. D.
22b. ADDRESS 617 Frisco Bldg. Joplin, Mo.
22c. DATE SIGNED 10-11-60

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
23b. DATE Oct 13, 1960
23c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery
23d. LOCATION (City, town, or county) Webb City (State) Mo.

24. FUNERAL DIRECTOR Thornhill-Dellon ADDRESS Joplin Mo
25. DATE RECD. BY LOCAL REG. 10-13-60
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David Dillon

Signature of Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, M

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