

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19985

|  |                               |  |   |  |   |  |  |
|--|-------------------------------|--|---|--|---|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>156</u>  |   | PRIMARY REG. DIST. NO. <u>2001</u>   |   | Registrar's No. <u>271</u>                       |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>   |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Joplin</u>  |                               | c. LENGTH OF STAY (In this place)<br><u>78 Yrs.</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Joplin</u>  |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>--</u>  |                               |  |   | d. STREET ADDRESS (If rural, give location)<br><u>1710 Pearl</u>   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Ida</u>   |                               |  | b. (Middle) <u>May</u>                                      |  | c. (Last) <u>Nickell</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>6 7 49</u> |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |   | 8. DATE OF BIRTH <u>Jan. 6, 1871</u>   | 9. AGE (In years last birthday) <u>78</u>                                     | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>1</u> | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u>         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY                           |  | 11. BIRTHPLACE (State or foreign country)<br><u>Lawrence County, Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U S A</u>           |
| 13a. FATHER'S NAME<br><u>Unknown</u>   |                               |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>                 |  | 14. NAME OF HUSBAND OR WIFE<br><u>W. A. Nickell</u>                           |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                               | 16. SOCIAL SECURITY NO.<br><u>--</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>W. A. Nickell 1710 Pearl, Joplin</u>   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary blocks</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>INTERVAL BETWEEN ONSET AND DEATH<br><u>4 1/2</u> |   |  |   |  |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Min.)   |                               | 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 <u>Apr. 9</u> , 19 <u>49</u> , to <u>June 7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 25</u> , 19 <u>49</u> , and that death occurred at <u>2:30 m.</u> , from the causes and on the date stated above. |                               |  |   |  |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>W. E. Henry M.D.</u>  |                               |  |   | 23b. ADDRESS<br><u>211 W. 11th Bldg</u>  |   | 23c. DATE SIGNED<br><u>6-9-49</u>                |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                               | 24b. DATE<br><u>6-9-49</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ozark Memorial</u> |  | 24d. LOCATION (City, town, or county), (State)<br><u>Joplin, Missouri</u>     |  |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><u>6-11-49</u><br><u>Ed D James</u>   |                               | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Parker-Hunsaker Mortuary, Joplin, Mo.</u>   |   |  |   |  |  |

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

By Delores Perry (Print name on Reverse Side)

RECEIVED 6-20-49  
Jasper County Health Office

County File Number 49-6-476

Date Filed 6-20-49

JUL 7 1949

JUN 29 1949

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 is not a true and correct copy of the original, it is void.