

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9331-17
Missouri

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2202 Registrar's No. 150

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) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 11 Yrs.		d. STREET ADDRESS (If rural, give location) 408 Mc Kinley Avenue	
d. FULL NAME OF DECEASED OR INSTITUTION Car Wreck 4mi West on # 166			

3. NAME OF DECEASED (Type or Print) a. (First) Joyce b. (Middle) _____ c. (Last) WILCOXSON			4. DATE OF DEATH (Month) (Day) (Year) March 18, 1950		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 26, 1919	9. AGE (In years last birthday) 30	10. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home Making	11. BIRTHPLACE (State or foreign country) Gramby, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME William Parker	13b. MOTHER'S MAIDEN NAME Ella Woodcock	14. NAME OF HUSBAND OR WIFE James W. Wilcoxson
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 James Wilcoxson 408 McKinley Joplin, Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INJURIES MULTIPLE, EXTREME.		INTERVAL BETWEEN ONSET AND DEATH 88/64 26 12
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CRUSH INJURIES FACE,		
	DUE TO (c) COMPOUND FRACTURE MANDIBLE		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SKULL FRACTURE		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 172	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) E. J. Hwy #166 East of Joplin	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Joplin Jasper Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-18-50 6:20 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile collision

22. I hereby certify that I attended the deceased from **Wed, 10:00 p.m. same**, 19**50**, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. Woodcock Comm J Jasper Co. Mo.	(Degree or title)	23b. ADDRESS Joplin Kas & Bros Bldg - Joplin	23c. DATE SIGNED 3-25-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-21-1950	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 3-30-50	REGISTRAR'S SIGNATURE Ed. J. James 138	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0490
3/

Dr. H. J. St

RECEIVED 4-10-50
Jasper County Health Office

County File Number 50-3-467

Date Filed 4-11-50

APR 12 1950

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 *Charles E. Frey*

Licensed Embalmer No. *4768*

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.