No. 300
10.48

495
0

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Pickrell 14722

State File No.

FILED MAY 13 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baxter Springs 8150
d. STREET ADDRESS (If rural, give location): 536 West 11 st 8

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Roland
c. (Last): Robb

4. DATE OF DEATH (Month) (Day) (Year): 5 - 1 - 53

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 6 1898
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Lead & Zinc mine
11. BIRTHPLACE (State of foreign country): Wichita Kansas
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Mrs Mary Robb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 512-07-1417
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary Robb — ADDRESS: Baxter Spgs Kas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Thrombosis
DUE TO (c): arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Silicosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201 G
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 5 - 1, 1953, that I last saw the deceased alive on 5 - 1, 1953, and that death occurred at 2.15 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L C Pickrell D.O.
23b. ADDRESS: Baxter Springs, Ks
23c. DATE SIGNED: 5/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-1-53
24c. NAME OF CEMETERY OR CREMATORY: Lowell Cemetery
24d. LOCATION (City, town, or county) (State): Lowell Kansas

DATE REC'D BY LOCAL REG.: 5-4-53
REGISTRAR'S SIGNATURE: Ed S. James 138 by Dolores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE: J Lance Wene — ADDRESS: Baxter Spgs Kas

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-12-53
Jasper County Health Office

County File Number 53-5-400

Date Filed 5-12-53

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 Wiene Funeral Home, Student Embalmer No. ....., working under my personal supervision.

Student Roy Derfelt
Student Embalmer

Signed J. Lance Wiene

Licensed Embalmer No. 2880

P. O. Address Baxter Spgs. Kans.

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.