No. 300
10.48

FILED JUL 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25425 (5581)

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin (RURAL)
c. LENGTH OF STAY (in this place): 23 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1mi North of Bell Center NW of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Joplin 0490
d. STREET ADDRESS (If rural, give location): 211½ Pearl Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Wesley
c. (Last): PICKENS

4. DATE OF DEATH (Month) (Day) (Year): July 11,1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 14,1929
9. AGE (In years last birthday): 23 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Scrap Metal Yard
11. BIRTHPLACE (State or foreign country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Wesley V. Pickens
13b. MOTHER'S MAIDEN NAME: Frances Scroggins
14. NAME OF HUSBAND OR WIFE: Shirley Pickens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Frances Brewer — ADDRESS: 211½ Pearl Ave 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INJURIES MULTIPLE EXTREME — INTERVAL BETWEEN ONSET AND DEATH: INSTANTANEOUS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
~~DUE TO~~ (b) 1. MULTIPLE SKULL FRACTURES
2. MULTIPLE MANDIBULAR FRACTURES
DUE TO (c) 3. FRACTURE CERVICAL SPINE

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: E8234 32
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIWAY - 1 MI NORTH OF BELL CENTER
21c. (CITY, TOWN, OR TOWNSHIP): — (COUNTY): JASPER — (STATE): MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 - 11 - 53 2:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? CAR TURNED OVER AFTER LEAVING ROAD AT EXCESS SPEED - CRUSHING AND PINNING ABOVE NAMED

22. *I hereby certify that I attended the deceased from* DID NOT ATTEND, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Deriist MD Coroner Jasper County
23b. ADDRESS: Jas Nat'l Bldg. Joplin Mo
23c. DATE SIGNED: 7-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14,1953
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Joplin,Missouri

DATE REC'D BY LOCAL REG.: 7-15-53
REGISTRAR'S SIGNATURE: Ed S. Jeffrey 135- by Dolores Lamphins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon Mort — ADDRESS: Joplin,Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1953

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RECEIVED 7-23-53
Jasper County Health Office
County File Number 607
Date Filed 7-23

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed D E Huddleston

Signed.....
Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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.