S. No. 300
v. 10.46

FILED AUG 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29042

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 374

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

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): 7 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1830 CONNOR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
d. STREET ADDRESS (If rural, give location): 1830 CONNOR

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3. NAME OF DECEASED (Type or Print): a. (First) IVA b. (Middle) MAY c. (Last) PICKETT

4. DATE OF DEATH: (Month) AUG. (Day) 9 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 20, 1882
9. AGE (In years last birthday): 70 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BUSHNELL, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: JOHN ATTWATER
13b. MOTHER'S MAIDEN NAME: NANCY BOBBINS
14. NAME OF HUSBAND OR WIFE: WILLIAM P. PICKETT

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.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: WILLIAM W. PICKETT — ADDRESS: 1830 CONNOR

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) Cerebral Haemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Total right side paralysis
DUE TO (c) Cerebral Haemorrhage
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Essential Hypertension
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 1946 8 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
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 1923, 19__ to Aug 9, 1953 that I last saw the deceased alive on Aug 9, 1953, and that death occurred at 9.50 m., from the causes and on the date stated above.

23a. SIGNATURE: Joy E Myers MD (Degree or title)
23b. ADDRESS: Joplin Mo 708 Tusco Bldg
23c. DATE SIGNED: Aug 10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-11-53
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEMETERY
24d. LOCATION (City, town, or county) (State): JOPLIN, MO.

DATE REC'D BY LOCAL REG.: 8-13-53
REGISTRAR'S SIGNATURE: Ed S. James 138 by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: STEVE PARKER MORTUARY — ADDRESS: JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 17 1953
Jasper County Health Office
County File Number 679
Date Filed AUG 17 1953

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 F. M. Jones

Signed .....
Student Embalmer

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 body is not embalmed, fact should be so stated above.