

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12414

State File No.

FILED MAY 11 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 201

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) OR TOWN JOPLIN	c. LENGTH OF STAY (in this place) 6 WEEKS	c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 2802 JOPLIN ST. 0490	

3. NAME OF DECEASED (Type or Print) a. (First) MARGERY b. (Middle) c. (Last) PICKERING	4. DATE OF DEATH (Month) (Day) (Year) MAY 4, 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH AUG. 10, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING	11. BIRTHPLACE (City and State or Foreign Country) / INDIANA	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JACOB FOUST	13b. MOTHER'S MAIDEN NAME LEVINA YOUNG	14. NAME OF HUSBAND OR WIFE -----
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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. NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. WAYNE BULLOCK-	ADDRESS 2802 JOPLIN ST.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anteromedial Hypertension		INTERVAL BETWEEN ONSET AND DEATH 10 1/2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Brain Disease (atherosclerosis)		
	DUE TO (c) Arteriosclerosis (Aneurysm)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			8 1/2 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 7230
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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?
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22. I hereby certify that I attended the deceased from July 1951, to May 4, 1954, that I last saw the deceased alive on May 4, 1954, and that death occurred at 3:30 m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Truesdell Ave. Joplin Mo	23c. DATE SIGNED 5-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) GENERAL REMOVAL	24b. DATE 5-6-54	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) GALENA, KANSAS
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DATE REC'D BY LOCAL REG. 5-6-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 10 1954
Wasper County Health Office
County File Number 54-5-347
Date Filed MAY 10 1954

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.....
Signature of Student Embalmer

Signed *F. M. Jones*.....
Licensed Embalmer No. *231*

P. O. Address *Joplin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.