Health, & Welfare Public Service

300
1-56

FILED APR 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13633
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) JOPLIN GENERAL HOSP. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN 2492 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1318 PEARL STREET — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOHN Middle: H. Last: SACKETT

4. DATE OF DEATH Month: APRIL Day: 11 Year: 1957

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH November 1,1891

9. AGE (In years last birthday) 65 — 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) DELIVERY & TRK MAINTENANCE

10b. KIND OF BUSINESS OR INDUSTRY NEWMAN'S DEPT. STORE

11. BIRTHPLACE (City and state or country) JOPLIN, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. E. SACKETT

14. MOTHER'S MAIDEN NAME CANDACE GADD

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. 490-10-9231

17. INFORMANT Address: MRS. HELEN PRUTSMAN, JOPLIN, MO.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Sclerosis — unknown
DUE TO (c) Coronary fibrosis — unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-3-57, to 4-11-57 and last saw her/him alive on 4-11-57
Death occurred at 1:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. E. Heinlein DO 2

22b. ADDRESS 521 W. 4TH ST., JOPLIN, MO.

22c. DATE SIGNED 4-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 4-12-57

23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY

23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

25. DATE RECD. BY LOCAL REG. 4-16-1957

26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Jasper County Health
County File Number 57-4-324
Date Filed APR 22 1957

MAY 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No 23

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.