

Registration District No. 464

Primary Registration District No. 4277

Registrar's No. 1

1. PLACE OF DEATH: **FILED FEB 7 1940**
 (a) County Lafayette
 (b) City or town Odessa
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 84 yrs. (years, months or days) 740

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lafayette
 (c) City or town Odessa
 (If outside city or town limit, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Nettæ Burton Pickle
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 28 day Jan
 year 1940 hour 7 minute a M.

4. Sex Fe 5. Color or race W
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife H.H. Pickle 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 12, 1856
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-1-1939 to 1-28-1940
 that I last saw him alive on 1-28- 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 6 Days 16
 If less than one day hr. min.

Immediate cause of death Sub ac. nephritis
 Due to Renitely
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Lafayette Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Nurse
 11. Industry or business 0
 12. Name Jessie Burton
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Annette Baily
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place) _____
 (e) Means of injury _____

16. (a) Informant Mrs. J.W. Colvin
 (b) Address Odessa, Mo.
 17. (a) Burial (b) Date thereof Jan. 29, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Odessa, Mo.

23. Signature E. E. Husman (M. D. or other) _____
 Address Odessa, Mo. Date signed 1/29/40

18. (a) Signature of funeral director E. E. Husman
 (b) Address Odessa, Mo.
 19. (a) 1-28-1940 (b) M. E. M. Gooden
 (Date received local registrar) (Registrar's signature)

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

0084

39
1492

130

RECEIVED
District Health-Officer No. 8,
District File Number 47/40
Date Filed _____

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Irving L. Herman

Licensed Embalmer No. 2541

P. O. Address Oliver, 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, above space should be left blank.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

2858 Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette

Registration District No. 464

(b) Township

Primary Registration District No. 4277

Registered No. 1

(c) City Odessa

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Nettie Burton Fieble

(a) Residence, No. St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 83 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1940

22. I HEREBY CERTIFY That I attended deceased from

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Stroke reflexis Date of onset

Other contributory causes of importance:

Chronic nephritis Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. B. Nibel M. D.

(Address) Odessa Mo

SUPPLEMENTARY

S-2858