

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8772  
Registrar's No. 115

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Blue</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3 Blue-3</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence, 811 S. Huttig 1</u>		d. STREET ADDRESS (If rural, give location) <u>811 S. Huttig Rural.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>Boise</u> c. (Last) <u>Pickles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 30, 1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	
8. DATE OF BIRTH <u>Nov. 20, 1880</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Northeast Tool &amp; Die</u>		11. BIRTHPLACE (State or foreign country) <u>Bloomington, Ills. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>America</u>					

13a. FATHER'S NAME <u>Nathan A. Pickles</u>		13b. MOTHER'S MAIDEN NAME <u>Julia A. Carr</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie M. Pickles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>896-09-1140</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie M. Pickles, Kansas City, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>Chronic</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/14</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept, 1946, to Mar 30, 1949, that I last saw the deceased alive on Mar 29, 1949, and that death occurred at 12:02P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>1310 Ash, Independence Mo 3-31-49</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Apr. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Md. Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Apr. 1-1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Independence, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed Donald W. Hanks

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 45-28

P. O. Address Independence, Missouri

**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.