

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39868

FILED DEC 7 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4477 Registrar's No. 2748

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

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>SCHUYLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PLENWOOD</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PLENWOOD RURAL</b>	98
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>RR</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>TELITHA</b>	b. (Middle) <b>MAUDE</b>	c. (Last) <b>PICKENS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MOY 28, 1949</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Oct 9, 1873</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>SCHUYLER Co., MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>PRESTON MCANICH</b>	13b. MOTHER'S MAIDEN NAME <b>MATILDA HALL</b>	14. NAME OF HUSBAND OR WIFE <b>JOEL PICKENS</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>←</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS MEALE GARRY</b> ADDRESS <b>Coatesville, MO</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4 2/2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Tumor of Uterus</b>		

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Nov 8, 1949, to Nov 27, 1949, that I last saw the deceased alive on Nov 27, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R.E. Vaughn</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Lancaster, Mo</b>	23c. DATE SIGNED <b>11/29/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov 30-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>IOOF CEM</b>	24d. LOCATION (City, town, or county) (State) <b>PLENWOOD, MO</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 2-1949</b>	REGISTRAR'S SIGNATURE <b>Miss R. P. Drake</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. R. Head</b> ADDRESS <b>Lancaster, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 5 1949  
District Health Officer No. 1  
District File Number 17-49-20  
Date Filed DEC 5 1949

**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 .....  
Student Embalmer

Signed Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.