0.300
0.48

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

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39882

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON 1
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 711 GREER - Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SCOTT 100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON 5
d. STREET ADDRESS (If rural, give location): 711 GREER 2

3. NAME OF DECEASED (Type or Print)
a. (First): ELIJAH
b. (Middle): HUGH
c. (Last): PICKETT

4. DATE OF DEATH (Month) (Day) (Year): 10 - 17 - 49

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: NOV. 3, 1893
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 11, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. REAL ESTATE DEALER
10b. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE
11. BIRTHPLACE (State or foreign country): JEFFERSON Co, ILL
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM G. PICKETT
13b. MOTHER'S MAIDEN NAME: HARRIET ALLEN
14. NAME OF HUSBAND OR WIFE: MRS Mamie E. Pickett

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.: 500-18-2806
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mamie E Pickett - Sikeston
ADDRESS: Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 151 ft

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF LIVER
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/15, 1949, *to* 10/17, 1949, *that I last saw the deceased alive on* 10/16, 1949, *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. C. Critchlow M.D.
23b. ADDRESS: SIKESTON, Mo
23c. DATE SIGNED: OCT 21, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-19-49
24c. NAME OF CEMETERY OR CREMATORY: MOUNDS PARK
24d. LOCATION (City, town, or county): NEW MADRID Co (State): Mo

DATE REC'D BY LOCAL REG.: Nov. 14-49
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 424
25. FUNERAL DIRECTOR'S SIGNATURE: Welsh Funeral Home - Sikeston
ADDRESS: Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 21

District Health Office No

District File Number 1149-

Case 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

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.