

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **7476**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **68**

0013
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saboyler	
b. CITY (If outside corporate limits, write RURAL and give township) KIRKSVILLE		c. LENGTH OF STAY (in this place) 14 HRS	
c. CITY (If outside corporate limits, write RURAL and give township) LANCASTER		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grinn Smith Memorial Hosp			
3. NAME OF DECEASED (Type or Print) a. (First) Paul		b. (Middle) ALLEN	
c. (Last) PICKENS		4. DATE OF DEATH (Month) (Day) (Year) March 22 1950	
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 19 1892
9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) L	10b. KIND OF BUSINESS OR INDUSTRY L	11. BIRTHPLACE (State or foreign country) Saboyler County	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOEL PICKENS		13b. MOTHER'S MAIDEN NAME Alice Morehead	
14. NAME OF HUSBAND OR WIFE Mrs OLA PICKENS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st World War		16. SOCIAL SECURITY NO. MRS. MARY PHILLIPS LANCASTER, MO	
17. INFORMANT'S SIGNATURE OR NAME MRS. MARY PHILLIPS LANCASTER, MO		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 18 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Coronary heart disease see (P) yrs DUE TO (c) _____ 1201 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urethral structure see yrs	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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 3-21 , 1950, to 3-22 , 1950, that I last saw the deceased alive on 3-22 , 1950, and that death occurred at 2:44 a. , from the causes and on the date stated above.			
23a. SIGNATURE George E. Grinn		23b. ADDRESS Kirksville, Missouri	
23c. DATE SIGNED 3/22/50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar 24, 1950	
24c. NAME OF CEMETERY OR CREMATORY Arni		24d. LOCATION (City, town, or county) (State) Lancaster, Mo.	
DATE REC'D BY LOCAL REG. 3-24-50		REGISTRAR'S SIGNATURE Wate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE Everett A. Head		ADDRESS Lancaster, Mo.	

APR 22 1950

MAY 17 1950

RECEIVED
MAR 28 1950
District Health Officer No. 10
Health File Number 3-50-532
Date Filed MAR 28 1950

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 Wesley A. Head

Licensed Embalmer No. 4038

P. O. Address Conchester, 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.