S: NO. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27715

BIRTH NO. REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 5848 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Barnard-rural
c. LENGTH OF STAY (In this place) 9yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Grant Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Barnard-rural 0740
d. STREET ADDRESS (If rural, give location) Grant Township

3. NAME OF DECEASED (Type or Print)
a. (First) Lee b. (Middle) Edward c. (Last) Pichey

4. DATE OF DEATH (Month) (Day) (Year) 8-17-1950

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 4-30-1908

9. AGE (In years last birthday) 42 — If under 1 year: Months Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm tenant

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Degrey-S. Dakota

12. CITIZEN OF WHAT COUNTRY? Am-

13a. FATHER'S NAME Wm. Edward Pichey

13b. MOTHER'S MAIDEN NAME Lillian Poyer

14. NAME OF HUSBAND OR WIFE Geneva Pineller Pichey

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geneva K. Pichey-Barnard, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Myocardial Degeneration — 1 yr.

DUE TO (c) Coronary Sclerosis — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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* 4-27, 1949, *to* 8-17, 1950, *that I last saw the deceased alive on* 8-14-, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE J. T. Ryan (Degree or title) D

23b. ADDRESS 301 N 8 ST. Joseph, Mo.

23c. DATE SIGNED 8-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-21-1950

24c. NAME OF CEMETERY OR CREMATORY Miriam Cem-

24d. LOCATION (City, town, or county) (State) Maryville-Mo-

DATE REC'D BY LOCAL REG. Aug 20-50

REGISTRAR'S SIGNATURE Mrs. E. L. Crenshaw 370

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. M. Atkinson Maryville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 28 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Maryville-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.