

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DECEASED **2 1951**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6224** Registrar's No. **154**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada-Rural-Center		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada-Rural-Center Two	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) R.R.#1	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#1			

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle)	c. (Last) Pickrel	4. DATE OF DEATH (Month) (Day) (Year) September 12 1951
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 1, 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 WEEK Days	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alfred Pickrel	13b. MOTHER'S MAIDEN NAME Minnie Rafferty	14. NAME OF HUSBAND OR WIFE Minnie Pickrel
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joe Pickrel ADDRESS Nevada, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac renal disease		INTERVAL BETWEEN ONSET AND DEATH 1 1/2
	ANTECEDENT CAUSES Morbidity 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. Osteo arthritis		3

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/2 2X	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)	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 **June**, 1950, to **9-12**, 1951, that I last saw the deceased alive on **7-12**, 1951, and that death occurred at **1:20A** am., from the causes and on the date stated above.

23a. SIGNATURE F. L. Martin (Degree or title) MD	23b. ADDRESS Nevada Mo.	23c. DATE SIGNED 9-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 13, 1951	24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery	24d. LOCATION (City, town, or county) (State) Nevada Missouri
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DATE REC'D BY LOCAL REG. 9-17-1951	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home ADDRESS Nevada, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 24 1951

Dist. File 951-1729
Date Filed 9-28-51

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *H. B. Army*

Licensed Embalmer No. 1760

P. O. Address Newada Mrs

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.