

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

679

State File No. _____

FILED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 7

2640

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

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>	c. LENGTH OF STAY (In this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (JEFFERSON TOWNSHIP)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0630</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u>	b. (Middle) <u>JOSEPHINE</u>	c. (Last) <u>PICKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 8 - 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 22nd. 1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ALBERT HIGGENS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ROARK</u>	14. NAME OF HUSBAND OR WIFE <u>ADOLPH PICKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ADOLPH PICKER</u>	ADDRESS <u>BELLE, MO.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>year</u> <u>year</u> <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>nephrosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis generalised</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>446 X</u>	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) <u>Belle MO. MO.</u>
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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 Jan 2, 1952, to Jan 8, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 12:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leola A. Taylor M.D.</u>	23b. ADDRESS <u>Jefferson City, Mo. 170</u>	23c. DATE SIGNED <u>1-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/10/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BELLE, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Jan 11 - 1952</u>	REGISTRAR'S SIGNATURE <u>R.P. Harris M.D. - MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sassmann's Funeral Service, Belle</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 15 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 15 1952

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 Charles L. [Signature]

Licensed Embalmer No. 4198

P. O. Address [Signature]

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.