

FILED OCT 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35374

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 171		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY OR TOWN <u>Rural - Blue Springs</u>		c. LENGTH OF STAY (in place) <u>14 days</u>		c. CITY OR TOWN <u>Independence 0485</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>J. C. E. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1421 Brookside</u>				
3. NAME OF DECEASED (Type or Print) <u>Stella M. Pickering</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Sept 29-1952</u>		(Month) (Day) (Year)		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>Dec. 16-1878</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Days <u>9</u> Hours <u>13</u> Min.		
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lyons Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>John W. McFee</u>			13b. MOTHER'S MAIDEN NAME <u>Ida M. Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Frank C. Pickering Sr</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank C. Pickering Sr.</u> ADDRESS <u>1421 Brookside</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis cerebral a.</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive H. Disease</u> DUE TO (c) _____ 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 <u>44 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>Sept 27, 1952</u> , to <u>Sept 29, 1952</u> , that I last saw the deceased alive on <u>Sept 29, 1952</u> , and that death occurred at <u>1:20 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Stan C. Blumenschein, M.D.</u> (Degree or title)				23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>30 Sept 52</u>		
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 2-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-2-52</u>		REGISTRAR'S SIGNATURE <u>Ronald C. Emshoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor L. Kopy</u> ADDRESS <u>Indep. Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

William L. Kopy

Licensed Embalmer No. 4225

P. O. Address Indep. 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.