

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42523**

FILED JAN 6 1953

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **513**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Independence	c. LENGTH OF STAY (In this place) 47 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1421 Brookside.		d. STREET ADDRESS (If rural, give location) 1421 Brookside.	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) C. c. (Last) PICKERING	4. DATE OF DEATH (Month) (Day) (Year) Dec 23, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 16, 1875	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 9 Days 17 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Man	10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal	11. BIRTHPLACE (State or foreign country) Brooklin, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John S. Pickering	13b. MOTHER'S MAIDEN NAME Mary Stanfield	14. NAME OF HUSBAND OR WIFE Stella. M. Pickering
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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 Frank C. Pickering Jr	ADDRESS 3711 Genesee
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	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) (m.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Blanch A. Queen (Degree or title) 3	23b. ADDRESS 1834 Rickey Bldg	23c. DATE SIGNED 12-24-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 26, 1952	24c. NAME OF CEMETERY OR CREMATORY Sun Set Hill Cem	24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.
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DATE REC'D BY LOCAL REG. Dec 26 1952	REGISTRAR'S SIGNATURE James D. Bailey	25. FUNERAL DIRECTOR'S SIGNATURE Wilson L. Kerby	ADDRESS Indep. Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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1/4

JAN 27 1958

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 Clifton T. Kealey

Licensed Embalmer No. 4225

P. O. Address Indep. 2nd

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.