

STANDARD CERTIFICATE OF DEATH

23847

State File No.

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 23

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Liberal		c. CITY (If outside corporate limits, write RURAL and give township) 0660 OR TOWN Liberal	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) ROY JACKSON PICKETT	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug 4 1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7 1892	9. AGE (In years last birthday) Months Days Hours Min. 61 3 27
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent, Frisco RR,	10b. KIND OF BUSINESS OR INDUSTRY Iantha, Mo.	11. BIRTHPLACE (State or foreign country) Springfield, Illinois /	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME James William Pickett	13b. MOTHER'S MAIDEN NAME Ida May Hadley	14. NAME OF HUSBAND OR WIFE Margaret Jennings Pickett
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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 xxx	16. SOCIAL SECURITY NO. 702-07-0600	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Margaret Pickett, Liberal, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Phosphorus Poisoning		
	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 0	19b. MAJOR FINDINGS OF OPERATION No op resection	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0 0 0
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 0
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22. I hereby certify that I attended the deceased from 8/3, 1953, to 8/4, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:22 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. G. Edleman	23b. ADDRESS Liberal Mo.	23c. DATE SIGNED 8/5/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 8 1953	24c. NAME OF CEMETERY OR CREMATORY Liberal Cemetery	24d. LOCATION (City, town, or county) (State) Liberal, Missouri
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DATE REC'D BY LOCAL REG. Aug 5 1953	REGISTRAR'S SIGNATURE Charlotte McDowell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1954
SEP 10 1954

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 Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, Missouri

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.