No. 300
10-48

FILED OCT 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32647

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5966 Registrar's No. 70

830
3

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

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville Waldron
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #45 6 mi. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Kansas
b. COUNTY: Leavenworth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leavenworth Kansas 8750
d. STREET ADDRESS (If rural, give location): 405½ Shawnee St. 8

3. NAME OF DECEASED (Type or Print): a. (First) Jessie b. (Middle) Edward c. (Last) Pickering

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: 5-30-23
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab. driver
10b. KIND OF BUSINESS OR INDUSTRY: Taxi
11. BIRTHPLACE (City and State or Foreign Country): Platte City, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: George Pickering
13b. MOTHER'S MAIDEN NAME: Betty Perkins
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: 501-22-7911
17. INFORMANT'S SIGNATURE OR NAME: Geo Pickering — ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BROKEN NECK — 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)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. AUTO ACCIDENT

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): WALDRON Twp. PLATTE 083 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? CAR OVERTURNED

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 APPROX. 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Roland M. Giffee, Coroner
23b. ADDRESS: Platte City, Mo.
23c. DATE SIGNED: 9-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 27-53
24c. NAME OF CEMETERY OR CREMATORY: don't Know
24d. LOCATION (City, town, or county) (State): don't Know

DATE REC'D BY LOCAL REG.: Sept 27-53
REGISTRAR'S SIGNATURE: Ophia Rollins 257-0
25. FUNERAL DIRECTOR'S SIGNATURE: Sexton Undertaking Co — ADDRESS: Leavenworth Kan.

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1954

OCT 8 19

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 Leland H. Francis

Licensed Embalmer No. 2451

P. O. Address Parkville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.