

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38370**

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4430</u>		Registrar's No. <u>127</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Pulaski		b. CITY (If outside corporate limits, write RURAL and give town or township) Crocker, Missouri		a. STATE Missouri		b. COUNTY Pulaski	
c. CITY (If outside corporate limits, write RURAL and give township) Crocker, Missouri		c. LENGTH OF STAY (in this place) 27 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Crocker, Missouri		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Ethel	b. (Middle) Ruby	c. (Last) Pickett	Month Nov.	Day 10	Year 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan 26, 1917	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS
				37			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Cartersville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charley Camel		13b. MOTHER'S MAIDEN NAME Lucendia Helms		14. NAME OF HUSBAND OR WIFE Richard Pickett			
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Lucendia Barnett			
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
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PRIMARY CARCINOMA OF UTERUS: SECONDARY INVASION					1 YR.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) UTERUS: SECONDARY INVASION					
		DUE TO (c) OF LYMPHATIC AND LIVER					
		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 174 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 AUG. , 19 54 , to NOV. 9 , 19 54 , that I last saw the deceased alive on NOV. 9 , 19 54 , and that death occurred at 2:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Signature or title) John A. Mphlevick D.O.				23b. ADDRESS Crocker, Mo.		23c. DATE SIGNED 11-10-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 11/54	24c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemetery		24d. LOCATION (City, town, or county) (State) Crocker, Missouri		
DATE REC'D BY LOCAL REG. 11-10-54		REGISTRAR'S SIGNATURE Paula G. Anderson		GENERAL DIRECTOR'S SIGNATURE Edwards Hedges		ADDRESS Home Crocker, Mo	

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

RECEIVED 11-18-54
Pulaski County Health Officer
File Number 11-13-54
Date Filled 11-13-54

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 Prosser

Licensed Embalmer No. 4896

P. O. Address Waycross, 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.