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FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *553*

BIRTH NO. _____ REG. DIST. NO. *23* PRIMARY REG. DIST. NO. *3009* Registrar's No. *97*

1. PLACE OF DEATH a. COUNTY <i>CAPE GIRARDEAU</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>SCOTT</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>JACKSON (IN CITY)</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>SIKESTON</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>1003</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>DEAL NURSING HOME</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i> b. (Middle) <i>PICKETT</i> c. (Last) <i>LINDLEY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-12-1956</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>APR 4 1867</i>	9. AGE (In years last birthday) <i>88</i>	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) <i>RET</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>REAL ESTATE DEALER</i>		11. BIRTHPLACE (State or foreign country) <i>ELIZABETHTOWN IND</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>CHARLES</i>	13b. MOTHER'S MAIDEN NAME <i>ELIZABETH M. PICKETT</i>	14. NAME OF HUSBAND OR WIFE <i>LOLA</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>	16. SOCIAL SECURITY NO. <i>UNK</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Clara Mathis Sikeston Mo.</i>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Cardiovascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>17 days</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>vascular disease</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4221</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *Dec 15, 1956*, to *Jan 12, 1956*, that I last saw the deceased alive on *Jan 11, 1956* and that death occurred at *8:55 A.M.* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. L. Summers</i>	23b. ADDRESS <i>Jackson Mo</i>	23c. DATE SIGNED <i>1-14-56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>1-14-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>SIKESTON CITY</i>	24d. LOCATION (City, town, or county) (State) <i>SIKESTON MO</i>
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DATE REC'D BY LOCAL REG. <i>1-19-56</i>	REGISTRAR'S SIGNATURE <i>C. C. Summers</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Welch Funeral Home</i>	ADDRESS <i>Sikeston Mo</i>
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(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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address St. Keaton Mo.

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

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