

FILED MAY 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14034

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>12 hours</b>		c. CITY OR TOWN <b>Shelbyville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1020</b>			

3. NAME OF DECEASED (Type or Print) <b>Jessie I. Pickett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 23, 1956</b>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>November 10, 1878</b>	9. AGE (In years last birthday) <b>77</b>	if UNDER 1 YEAR Months <b>5</b>	if UNDER 1 YEAR Days <b>13</b>	if UNDER 1 Hrs. Hours <b>13</b>	if UNDER 1 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Shelby County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
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13a. FATHER'S NAME <b>William K. Bragg</b>		13b. MOTHER'S MAIDEN NAME <b>Dora E. Simmons</b>		14. NAME OF HUSBAND OR WIFE <b>James M. Pickett (deceased)</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William B. Pickett, Shelbyville Missouri</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		DUE TO (b) <b>Posterior myocardial infarct</b>				<b>12 hrs</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				<b>12 hrs</b>	
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				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) (Min.)	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 4-22-56, 1956, to 4-23-56, 1956, that I last saw the deceased alive on 4-23-56, and that death occurred at 8:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>100 N. Sixth, Hannibal, Mo.</b>		23c. DATE SIGNED <b>4-24-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/23/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>IOOF Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbyville Shelby Mo</b>		
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DATE REC'D BY LOCAL REG. <b>4-26-56</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Lueders</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Fisher</b>		ADDRESS <b>Hannibal Missouri</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 30 1956  
MARION CO. HEALTH DEPT.  
DATE FILED APR 30 1956

APR 15 1956

**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.....  
Signature of Student Embalmer

Signed.....  
*John S. Ward*

Licensed Embalmer No. ~~XXXXXX~~

P. O. Address .....Hannibal.M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.