

FILED JUN 13 1956

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

16544

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2222

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give town(ship))<br><b>Kansas City</b> |  | c. CITY OR TOWN<br><b>Kansas City</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)<br><b>6 yrs.</b>   |  | • STREET ADDRESS (If rural, give location)<br><b>1828 Agnes</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1828 Agnes</b>                                 |  | <b>23</b>  |  |

|   |                                  |  |   |   |  |
|---|----------------------------------|--|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Moranda Pickett</b>  |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>May 19, 1956</b> |   |  |
| a. (First)  |                                  | b. (Middle)  |   | c. (Last)   |  |
| 5. SEX<br><b>2</b><br><b>male</b>   | 6. COLOR OR RACE<br><b>negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widow</b> | 8. DATE OF BIRTH<br><b>Sept. 11, 1886</b>                       | 9. AGE (In years last birthday)<br><b>69 yrs.</b>                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>                       |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Arkansas</b> |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                                  |  |   |   |  |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>Andrew Pickett</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Nettie Galloway</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Pickett</b> |
|---|---|--|

|   |   |   |                              |
|---|---|---|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>487-36-2921</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Bertha Wright</b> | ADDRESS<br><b>1826 Agnes</b> |
|---|---|---|------------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><br><b>177 hr</b>                    |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Myocarditis</b><br>DUE TO (c) <b>Ca Prostate</b> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Uremic poisoning</b>  |   |  |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Min.) | 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 May 1, 1956 to May 18, 1956 that I last saw the deceased alive on May 18, 1956, and that death occurred at 24th St from the causes and on the date stated above.

|   |                             |  |                                    |
|---|-----------------------------|--|------------------------------------|
| 23a. SIGNATURE<br><i>J. Griffin Jr.</i> | (Degree or title) <b>MD</b> | 23b. ADDRESS<br><b>501 S 3900 Reno KC Mo</b> | 23c. DATE SIGNED<br><b>5/21/56</b> |
|---|-----------------------------|--|------------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION/REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>5/22/56</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Blue Ridge Lawn</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |
|---|-----------------------------|--|---|

|  |  |  |                                    |
|--|--|--|------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>5-21-56</b> | REGISTRAR'S SIGNATURE<br><i>Neval Marshall</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Walter Brewster</i> | ADDRESS<br><b>4th &amp; Benton</b> |
|--|--|--|------------------------------------|

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

Griffin Jr

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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 *Bruce R. Watkins*.....

Licensed Embalmer No. *43*.....

P. O. Address *18th & B*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.