

THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 10 1956 STANDARD CERTIFICATE OF DEATH

State File No. **21227**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4322** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY Merger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Merger	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY OR TOWN Princeton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		STREET ADDRESS (If rural, give location) Princeton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Kate b. (Middle) Pickett c. (Last) Pickett			4. DATE OF DEATH (Month) (Day) (Year) 6-24-56		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept.-25-1881	9. AGE (In years last birthday) 74 yrs. If UNDER 1 YEAR: Months _____ Days _____ If UNDER 14 WRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo. Merger-Co.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph Shock	13b. MOTHER'S MAIDEN NAME Elizabeth Perry	14. NAME OF HUSBAND OR WIFE Chas. Pickett
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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. No.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Orville Trainer	ADDRESS Princeton-Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis with myocardial degeneration		2 wks
	ANTECEDENT CAUSES DUE TO (b) ulser of duodenum DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 yrs.

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) 4222
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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 **6-24-56**, 19___, to **6-24-56**, 19___, that I last saw the deceased alive on **6-24-56**, 19___, and that death occurred at **11:45P.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. J. Axtell D.O.	23b. ADDRESS Princeton, Missouri	23c. DATE SIGNED 6-29-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-26-56	24c. NAME OF CEMETERY OR CREMATORY Funter Cemetery	24d. LOCATION (City, town, or county) (State) Merger-Co. Mo.
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DATE REC'D BY LOCAL REG. 7-1-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Princeton
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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~~ *myself*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene L. Gravelle*.....

Licensed Embalmer No. *396*

P. O. Address *Linnville*

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.