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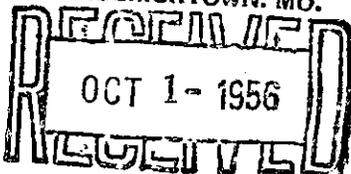
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **31374**

Registration District No. 204 Primary Registration District No. 5757 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. MICHAELS TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 1/2 MI. EAST OF FREDERICKTOWN			Length of stay in lb 11 YRS.	d. STREET ADDRESS (If outside, give location) 3 1/2 MI. EAST OF FREDERICKTOWN			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM McCALLISTER PICKERT				4. DATE OF DEATH Month Day Year SEPT. 18, 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH NOV. 27, 1879		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT COOK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CENTRALIA, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME PETER PICKERT				14. MOTHER'S MAIDEN NAME LUCY MINOR			
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.		17. INFORMANT MRS. BLANCHE IRENE PICKERT		Address FREDERICKTOWN MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senile Emphysema							INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							5271
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Cystitis with possible pyelonephritis.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from July 19, '54 to Sept 18, '56 and last saw him him alive on July 14, '56 Death occurred at 5:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles E. Michaelis MD				22b. ADDRESS 135 S. Minchamotte Fredericktown Mo.		22c. DATE SIGNED Sept 24, '56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/20/56	23c. NAME OF CEMETERY OR CREMATORY CHRISTIAN CEMETERY		23d. LOCATION (City, town, or county) (State) MADISON Co. Mo.		
24. FUNERAL DIRECTOR V. Johnson		ADDRESS FREDERICKTOWN, MO.		25. DATE RECD. BY LOCAL REG. 9-21-1956		26. REGISTRAR'S SIGNATURE Therese Tucker	

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 1056-73

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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 Raymond Wilson

Licensed Embalmer No. 428

P. O. Address Fredericktown

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.