

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31417

STATE FILE NUMBER

FILED SEP 19 1956

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Merger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Merger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Princeton</u> Yes ☒ No ☐		c. CITY OR TOWN <u>Princeton</u> Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>*** *****</u>		d. STREET ADDRESS ***** (If outside, give location) Reside on Farm Yes ☐ No ☒	
Length of stay in lb <u>6-yrs.</u>			
3. NAME OF DECEASED (Type or print) <u>Charley</u>		4. DATE OF DEATH <u>9 - 12 - 56</u>	
First <u>Charley</u> Middle <u>Newton</u> Last <u>Bickell</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>10-15-1878</u>
9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Topeka Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Issac Bickell</u>		14. MOTHER'S MAIDEN NAME <u>Matilda Morgan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Audrey Bickell-Princeton-Mo.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Artery Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 Min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis & Myocardial degeneration</u>		3 yrs	
DUE TO (c) <u>Arteriosclerotic Heart disease</u>		6 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: a. m. <u></u> Month, Day, Year <u></u> p. m. <u></u>			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	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 <u>9-28-51</u> to <u>9-12-56</u> and last saw him alive on <u>9-12-56</u>		Death occurred at <u>9-12-56 10:30 A</u> m on the day stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Douglas L. Pearce D.O.</u>		22b. ADDRESS <u>Princeton, Missouri</u>	22c. DATE SIGNED <u>9-14-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-14-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>	23d. LOCATION (City, town, or county) (State) <u>Princeton-Missouri</u>
24. FUNERAL DIRECTOR <u>Martin Funeral Home</u>	ADDRESS <u>Princeton-Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-14-56</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

by Grace M. Matton (Licensed Embalmer's Statement on Reverse Side)

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 Me....., Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold L Roberts.....

Licensed Embalmer No. 492

P. O. Address Hinton, N

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.