

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4431

State File No.

FILED FEB 19 1957

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3921 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u>	d. In 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) <u>1 week</u>		e. STREET ADDRESS (If rural, give location) <u>911 Kumler St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cullers Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Nora</u>	b. (Middle) <u>Oneal</u>	c. (Last) <u>Pickett</u>	(Month) <u>Jan.</u>	(Day) <u>10,</u>	(Year) <u>1957</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 25, 1875</u>	9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR Months	YEAR Days	# UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>homemaking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Galt, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>D. R. Berry</u>	13b. MOTHER'S MAIDEN NAME <u>Alfretta Clark</u>	14. NAME OF HUSBAND OR WIFE <u>O. A. Pickett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Russell Pickett</u> ADDRESS <u>Trenton, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>27 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general atherosclerosis</u>		
	DUE TO (c) _____		
11. 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) <u>410x</u> (COUNTY) <u>0</u> (STATE) _____
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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 Sept 1, 1956, to January 1957, that I last saw the deceased alive on 1-10-57 and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Francis MD</u> (Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>1-11-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 12, 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Berry Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy County, Mo.</u>
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DATE REC'D BY LOCAL REG <u>1-12-57</u>	REGISTRAR'S SIGNATURE <u>Gene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson Funeral Home</u> ADDRESS <u>Trenton, Mo.</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lee S. Whitaker*.....

Licensed Embalmer No. *478*

P. O. Address *Fremont*

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.