

Health,
& Welfare
Public
Service

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021277
STATE FILE NUMBER
2985

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2985

300-0
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Leawood
c. FULL NAME OF HOSPITAL OR INSTITUTION Research Hosp.		Length of stay in lb 16 days	d. STREET ADDRESS 815 S 2515 W. 91 st.
3. NAME OF DECEASED (Type or print) Charlotte M. Pickerill			4. DATE OF DEATH Month June Day 26 Year 1957
5. SEX Female	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 April 16, 1893
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Delaware Co. Indiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Thomas Goodrich	13b. MOTHER'S MAIDEN NAME Laura Ellen James
14. NAME OF HUSBAND OR WIFE George H. Pickerill		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give name or dates of service) No	16. SOCIAL SECURITY NO. None
17. INFORMANT Pollybelle Pickerill		Address 2515 W. 91 St	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Hepatitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Pancreas DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 5 mo 157X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <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 June 9, 57 to June 26, 1957 and last saw her alive on June 26, 1957 Death occurred at _____ in on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE Walter Cummins M.D.		(Degree or title)	22b. ADDRESS 1612 Prof Bldg.
22c. DATE SIGNED 6/27/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/28/57	23c. NAME OF CEMETERY OR CREMATORY Mt Moriah
23d. LOCATION (City, town, or county) Kansas City		(State) Mo.	
24. FUNERAL DIRECTOR Stine & McClure		ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 6-27-57
26. REGISTRAR'S SIGNATURE Neva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Walter Cummins

All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be listed. Doctor, colorher, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



~~Mr. Walter Cummings~~
Professional 1924
No. 12-4624
will be in office at 2 PM

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 *Elmo D. Triplett*

Licensed Embalmer No. *4817*
P. O. Address *Kansas City, Mo.*

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.