

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35493

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1017

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Route 5</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hosp.DOA.</b>			Length of stay in 1b <b>1 month</b>		d. STREET ADDRESS (If outside, give location) <b>Elm Township</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Donald</b> Middle <b>Eugene</b> Last <b>Pickering</b>				4. DATE OF DEATH <b>Oct. 19, 1957</b> Month <b>Oct.</b> Day <b>19</b> Year <b>1957</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 5, 1934</b>		9. AGE (In years, last birthday) <b>23</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and state or country) <b>Putnam County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Randall Lee Pickering</b>			13b. MOTHER'S MAIDEN NAME <b>Edith Nora Colton</b>			14. NAME OF HUSBAND OR WIFE <b>-----</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT (Brother) Address <b>Homer Lee Pickering-Unionville, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Probably Coronary embolus</i>							INTERVAL BETWEEN ONSET AND DEATH <i>few minutes</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>History of blue baby from birth and recently generally poor health</i>									
DUE TO (c) <i>4201</i>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -									
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.) <b>UNATTENDED BY A PHYSICIAN</b>						
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 _____ to _____ and last saw her alive on _____ Death occurred at <b>12:30 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>James P. Amos M.D.</i>				22b. ADDRESS <b>Greene County Court House Springfield, Missouri</b>				DATE SIGNED <b>10/21/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-22-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>-----</b>			23d. LOCATION (City, town, or county) (State) <b>Unionville, Missouri</b>		
24. FUNERAL DIRECTOR <i>James</i>			ADDRESS <b>Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-21-57</b>		26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		

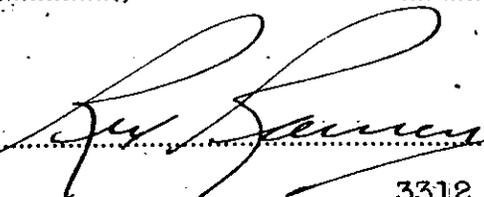
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

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  \_\_\_\_\_  
Licensed Embalmer No. 3312

P. O. Address Springfield, 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.