ealth,
Welfare
ublic
ervice

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

FILED NOV 26 1957

STATE FILE NUMBER 41164

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 67

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY Mercer	a. STATE Missouri b. COUNTY Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton — Inside Limits Yes X No ☐	c. CITY OR TOWN Princeton — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Amanda Middle A. Last Pickett

4. DATE OF DEATH: Month 11 Day 13 Year 57

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: 3-20-1869

9. AGE (In years birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Mercer Co., Mo

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin J. Cousins

14. MOTHER'S MAIDEN NAME: Slocum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Mrs Clate Duble Address: Princeton, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 5 da.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) chronic myocarditis — 10 yrs.

DUE TO (c) 4222

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 ☐ NO X

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 Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ 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 11-11-57 to 11-13-57 and last saw her/him alive on 11-13-57

Death occurred at 7:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Byron L. Cuttell D.O.

22b. ADDRESS: Princeton, Missouri

22c. DATE SIGNED: 11/18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 11-16-57

23c. NAME OF CEMETERY OR CREMATORY: Princeton

23d. LOCATION (City, town, or county) (State): Princeton, Mo

24. FUNERAL DIRECTOR: Noel Moss ADDRESS: Princeton, Mo

25. DATE RECD. BY LOCAL REG.: 11-18-57

26. REGISTRAR'S SIGNATURE: [signature]

(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 emb

by me, or by ....., Student Embalmer No.....

x working under my personal supervision..

Student..... Signed.....

Signature of Student Embalmer

Licensed Embalmer No. 26.3

P. O. Address Princeton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

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.