

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021636

FILED JUN 17 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER

Registrar's No. 2654

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
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 KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S		Length of stay in lb 36 YRS.	d. STREET ADDRESS 417 S. LAWDALE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BESSIE Middle EUGENIA Last PICCARD			4. DATE OF DEATH Month MAY Day 26 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 29, 1881		9. AGE (In years, months, days, hours, min.) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT		10b. KIND OF BUSINESS OR INDUSTRY WAITRESS		11. BIRTHPLACE (City and state or country) MAPLETON, KANSAS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GEORGE W. STONE		13b. MOTHER'S MAIDEN NAME BETTIE L. TIPPIE	
14. NAME OF HUSBAND OR WIFE CHARLES A. PICCARD		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 482-10-4165	
17. INFORMANT HLENOBA E. SAYERS K. C. Mo.		Address 417 S. LAWDALE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 9 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Coronary Sclerosis					unknown
DUE TO (c) Hypertensive Cardiac Vascular Disease					unknown
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 WORK <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 Jan 1959 to 5-26-59 and last saw her alive on 5/26/59 Death occurred at 230 o'clock on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) [Signature]			22b. ADDRESS 5246 1/2 John		22c. DATE SIGNED 5/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/28/59		23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON	
23d. LOCATION (City, town, or county) KANSAS CITY		23e. STATE Mo.			
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. K.C., Mo		25. DATE RECD. BY LOCAL REG. 5-28-59		26. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

F. A. Klenzinger

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 *W.C. Bessie*

Licensed Embalmer No. *4879*

P. O. Address *K.C. 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.