

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028258

FILED VS AUG 24 1958

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 847 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri		Length of stay in 1b 14 years		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1523 So. 11th		
3. NAME OF DECEASED (Type or print) First WILLIAM Middle C Last PICKARD				4. DATE OF DEATH Month August Day 19 Year 1959				
5. SEX Male		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 9/16/1887		
				9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days		
						IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Employee			10b. KIND OF BUSINESS OR INDUSTRY Terminal Warehouse		11. BIRTHPLACE (City and state or country) Union Star, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wesley Pickard			13b. MOTHER'S MAIDEN NAME Elizabeth Taylor			14. NAME OF HUSBAND OR WIFE Grace		
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. unknown		17. INFORMANT Address Mrs. Grace Pickard, 1523 S. 11th, St. Joseph, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mitral Stenosis							INTERVAL BETWEEN ONSET AND DEATH Unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease							Unknown	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m.		Month, Day, Year						
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 <u>8/1/59</u> to <u>8/19/59</u> and last saw ^{her} him alive on <u>8/19/59</u>				Death occurred at <u>12:40</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Owen W. Craig MD</i> (Degree or title)				22b. ADDRESS Social Welfare Board 10th & Olive, St. Joseph, Mo.			22c. DATE SIGNED 8/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/21/1959		23c. NAME OF CEMETERY OR CREMATORY Union Star Cemetery		23d. LOCATION (City, town, or county) (State) Union Star, Missouri		
24. FUNERAL DIRECTOR Hector Bowman ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Aug. 21, 1959		26. REGISTRAR'S SIGNATURE <i>Mar. Clark Standell</i>		

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION *O.W. Craig, M.D.*

6961 88 5007

SEP 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Garth W. Smith

Licensed Embalmer No. 3927

P. O. Address 319 E. 16 St
St. Joseph

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