

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029768

FILED VS AUG 31 1959

STATE FILE NUMBER

INDEXED

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Belle</u>		Length of stay in 1b <u>5 yrs</u>	c. CITY OR TOWN <u>Belle</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>At home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jlora</u> Middle _____ Last <u>Picker</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>9</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct-11-1894</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Paxton Ill</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Zack Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Adolph Picker</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT <u>Lawrence Hodge - Belle - Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>12 Hrs</u>
IMMEDIATE CAUSE (a) <u>CARDIAC ARREST</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CARDIAC ANNOXIA</u>	
DUE TO (c) <u>Diabetic Arteriosclerosis</u>		<u>5 YRS</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced Age - Pneumonitis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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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 _____
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21. I attended the deceased from 8-15-58 to 8-9-59 and last saw her alive on 8-9-59
Death occurred at 7:30 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Wm Hedrick</u>	22b. ADDRESS <u>Bland, Mo</u>	22c. DATE SIGNED <u>8/10/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug 13-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shagg, Cheal Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Maries County - Mo</u>
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24. FUNERAL DIRECTOR <u>Sassman, J. M.</u>	ADDRESS <u>Bland - Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-11-59</u>	26. REGISTRAR'S SIGNATURE <u>Thozille Hutchinson</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6901 18 50W

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

Cherita Sasser

Licensed Embalmer No. 4120

P. O. Address Blanca

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.