

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED VS MAR 24 1960

**60-010451**

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 57

|  |   |  |  |   |  |  |   |
|--|---|--|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>  |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Kennett</u>   |   | Length of stay in 1b   |  | c. CITY OR TOWN <u>Kennett</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>312 College St</u>   |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><u>312 College Ave</u>   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Mary</u> Middle <u>A.</u> Last <u>Pickard</u>   |   |  |  | 4. DATE OF DEATH<br>Month <u>Mar.</u> Day <u>17th</u> Year <u>1960</u>  |  |  |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Marriage <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>Oct. 9-1894</u>  | 9. AGE (last birthday)<br><u>65</u>                    | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>8</u> Hours <u></u> Min. <u></u>          | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>XX</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Scott County Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME<br><u>George W. Layton</u>  |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Lena Doerffer</u>                                    |   | 14. NAME OF HUSBAND OR WIFE<br><u>L.A. Pickard Sr.</u> |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No.</u>  |   | 16. SOCIAL SECURITY NO.<br><u>XX</u>   | 17. INFORMANT<br><u>L.A. Pickard Sr.</u>   |   | Address<br><u>Kennett Mo.</u>                          |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis - Immediate</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis -</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |  |   |  |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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<br><u>Kennett Mo.</u>  |  | COUNTY _____ STATE _____   |   |
| 21. I attended the deceased from <u>Dec. 10, 1959</u> to <u>Mar. 17, 1960</u> and last saw her <u>alive</u> on <u>March 6, 1960</u><br>Death occurred at <u>8.30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |   |  |  |   |
| 22a. SIGNATURE<br><u>George W. Layton</u> (Degree or title) <u>M.D.</u>  |   |  |  | 22b. ADDRESS<br><u>Kennett Mo.</u>  |  | 22c. DATE SIGNED<br><u>3-19-60</u>   |   |
| 23a. BURIAL, CREATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>3-19-60</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Ridge Cemetery</u>  |  | 23d. LOCATION (City, town, or county)<br><u>Kennett Mo.</u>   |  |  |   |
| 24. FUNERAL DIRECTOR<br><u>Lentz Service</u>   |   |  | ADDRESS<br><u>Kennett Mo.</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>3-19-1960</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Carl Husband</u>       |  |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 31 1960

STATEMENT BY LICENSED EMBALMER

MAR 28 1960

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 Edgar L. D. Foster

Licensed Embalmer No. 4433

P. O. Address Kennett 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.