

RT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC 10685899 3182884

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10985-60-044061
STATE FILE NUMBER

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

FILED VS NOV 17 1960

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OKLAHOMA b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 34 DAYS	c. CITY OR TOWN TULSA
c. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 218 North 44th West
3. NAME OF DECEASED (Type or print) First PAUL Middle EDWARD Last PICKING			4. DATE OF DEATH Month NOVEMBER Day 12 Year 1960
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 10-18-27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING STORE	9. AGE (last birthday) 33
11. BIRTHPLACE (City and state or country) CHAPMAN, KANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GEORGE A. PICKING		13b. MOTHER'S MAIDEN NAME ELVA K. LADY	14. NAME OF HUSBAND OR WIFE DOROLESE W. PICKING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. 515-22-9827	17. INFORMANT Address DOROLESE W. PICKING, 218 N. 44th West Ave. Tulsa, Okla.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPEUMONIA RIGHT LOWER LOBE DUE TO (b) PANCYTOPENIA, ETIOLOGY UNDETERMINED DUE TO (c) 292.4 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input 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
HA attended the deceased from 10-10-60 to 11-12-60 and last saw ^{see} him alive on 11-12-60 Death occurred at 7:40 a. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Debit or title) <i>Margaret Stein</i> MARGARET STEIN		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 11-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-12-60	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Sand Springs, Oklahoma
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Sand Springs, Oklahoma		25. DATE RECD. BY LOCAL REG. NOV 12 1960	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i> Carl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Charles R. Padua

Licensed Embalmer No. 407

P. O. Address St. Louis

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