

FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045000

FILED VS. JAN 9 1961

Primary Registration District No. 3000 Registrar's No. 372

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 1 month	c. CITY OR TOWN Green Castle Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 3 Green Castle Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Opal Middle Leila Last Pickett			4. DATE OF DEATH Month Dec. Day 24 Year 1960	
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5. SEX Female	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 9/10/1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (City and state or country) Green Castle, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Enoch Morelock	13b. MOTHER'S MAIDEN NAME Ida Alger	14. NAME OF HUSBAND OR WIFE Nova B. Pickett
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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. None	17. INFORMANT Nova B. Pickett, Green Castle, Mo.	Address
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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: IMMEDIATE CAUSE (a) WAsition - DEBilitation		INTERVAL BETWEEN ONSET AND DEATH 11-2-60
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Intestinal OBstirction	"
	DUE TO (c) Metastatic SEROUS PAPillary CYSTADENOCARCINOMA OF Ovary	1-26-60
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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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 Green Castle, Mo.	COUNTY Adair	STATE Mo.
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21. I attended the deceased from 1-26-60 to 12-24-60 and last saw her live on 12-24-60 Death occurred at 6:08 P on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Opal Leila Pickett (Degree or title)	22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 12-29-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/27/1960	23c. NAME OF CEMETERY OR CREMATORY Morelock Cemetery	23d. LOCATION (City, town, or county) Adair County, Mo.	(State)
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24. FUNERAL DIRECTOR Blaine E. Feat Adams, Green City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-31-60	26. REGISTRAR'S SIGNATURE Dana W. Palfrey
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EARL LAUGHLIN, JR. D.O.

00-0-11
" "
00-0-04

certat. 10/23/00 - certat. 11/11/00
cert. 10/23/00 - cert. 11/11/00

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 Karl R. Kent

Licensed Embalmer No. 4689

P.O. Address Green City

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.