

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005477

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 815

**FILED VS MAR 3 1961**

1. PLACE OF DEATH  
 a. COUNTY **Jackson**  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **5 Weeks**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **2544 Michigan** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** COUNTY **Jackson**  
 c. CITY OR TOWN **Kansas City** Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) **2544 Michigan** Reside on Farm Yes  No

3. NAME OF DECEASED First **Shenita** Middle Last **Pickens**  
 4. DATE OF DEATH Month **2** Day **14** Year **61**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **1-7-61** 9. AGE (last birthday) **5 Weeks** IF UNDER 1 YEAR Months **1** Days **7** IF UNDER 24 HR Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Infant** 10b. KIND OF BUSINESS OR INDUSTRY **Infant** 11. BIRTHPLACE (City and state or country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Thomas Pickens** 13b. MOTHER'S MAIDEN NAME **Beatrice Taylor** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Thomas & Beatrice Pickens** Address **2544 Mich.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Broncho-Pneumonia** INTERVAL BETWEEN ONSET AND DEATH  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)   
 DUE TO (c)   
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Inanition-Malnutrition** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour **H** Month, Day, Year  a.m.  p.m.   
 20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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  to  and last saw her/him alive on .  
 Death occurred at  on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** 22b. ADDRESS **1618 Lydia Ave** 22c. DATE SIGNED **2/14/61**

23a. BURIAL, CREMATION, REMOVAL (specify) **Burial** 23b. DATE **2-16-61** 23c. NAME OF CEMETERY OR CREMATORY **Lincoln** 23d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

24. FUNERAL DIRECTOR **Jones & Stevens** ADDRESS **2315 Linwood** 25. DATE RECD. BY LOCAL REG. **2-15-61** 26. REGISTRAR'S SIGNATURE **[Signature]**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **M. Tillman**

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lawrence A. Jones

Licensed Embalmer No. 4429

P. O. Address 2315 Fenwick

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.