

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013205

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 71

FILED APR 18 1961

|  |  |   |  |   |   |  |   |  |                                    |  |  |                |  |
|--|--|---|--|---|---|--|---|--|------------------------------------|--|--|----------------|--|
| 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 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>Dunklin Co. Memorial</u>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (if outside, give location)<br><u>308 Central</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                                    |  |  |                |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>William Walter Pickens</u>  |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><u>April 3 1961</u>   |   |  |   |  |                                    |  |  |                |  |
| 5. SEX<br><u>Male</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>2-21-1879</u>   |   | 9. AGE (last birthday) <u>82</u>   |                                    | IF UNDER 1 YEAR<br>Months Days Hours Min.<br><u>1 12</u> |  | IF UNDER 24 HR |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Caruthersville, Mo.</u>             |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |                                    |  |  |                |  |
| 13a. FATHER'S NAME<br><u>Pinckey Pickens</u>   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |   |  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Allie Pickens</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>None</u>  |   | 17. INFORMANT<br>Address<br><u>Mrs. Allie Pickens, 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>Carcinoma of Prostate</u>  |  |   |  |   |   |  |   |  |                                    | 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)  |  |   |  |   |   |  |   | 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 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"/> 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                              |  |  |                |  |
| 21. I attended the deceased from <u>1950</u> to <u>4/3/61</u> and last saw her/him alive on <u>4-3-61</u><br>Death occurred at <u>Approximately 5:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |   |  |   |  |                                    |  |  |                |  |
| 22a. SIGNATURE (Type or print)<br><u>Laurel Sumner King</u>  |  |   |  |   |   | 22b. ADDRESS<br><u>Kennett, Mo.</u>  |   |  | 22c. DATE SIGNED<br><u>4-11-61</u> |  |  |                |  |
| 23a. BURIAL CREATION REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>4-4-1961</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Gardens</u>   |   |  | 23d. LOCATION (City, town, or county)<br><u>Kennett Missouri</u>                      |  |                                    |  |  |                |  |
| 24. FUNERAL DIRECTOR<br><u>McDaniel Funeral Ser. Kennett, Mo.</u>  |  |   |  | ADDRESS   |   | 25. DATE RECD. BY LOCAL REG.<br><u>4-13-1961</u>                                     |   | 26. REGISTRAR'S SIGNATURE<br><u>Carl H. ...</u>  |                                    |  |  |                |  |

DATE AMENDED

INTEREST OF

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 by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Terry L. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett

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.