

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-041508

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 147

AMENDED

FILED NOV 21 1961

1. PLACE OF DEATH
 a. COUNTY **Jefferson**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Joachim** Length of stay in 1b **3 days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Jeff. Mem. Hosp.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo** b. COUNTY **Jefferson**
 c. CITY OR TOWN **DeSoto** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1014 N 2nd DeSoto** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
James Eugene Bickerton **Nov. 12 1961**

5. SEX **Male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **7-5-1927** 9. AGE (last birthday) **34**
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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

13a. FATHER'S NAME **Frank L. Bickerton** 13b. MOTHER'S MAIDEN NAME **Elizabeth Fields** 14. NAME OF HUSBAND OR WIFE **Shirley Bickerton**

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. 17. INFORMANT Address **Shirley Bickerton DeSoto, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Shock, post-operative**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Internal obstruction**
 DUE TO (c) **Malignancy of Cecum**
 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
 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 a.m. p.m. Month, Day, Year

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 **Nov 9** to **Nov 11** and last saw **her** him alive on **9th Nov 1961**
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **P. A. Casey MD** (Degree or title) 22b. ADDRESS **Box 146, Clever, Mo** 22c. DATE SIGNED **11/17/61** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **11-14-1961** 23c. NAME OF CEMETERY OR CREMATORY **Woodlawn** 23d. LOCATION (City, town, or county) **DeSoto, Mo.**

24. FUNERAL DIRECTOR **Mahn Funeral Home DeSoto, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **11/14/61** 26. REGISTRAR'S SIGNATURE **John G. Dyer**
Dr. John W. Steel, Deputy

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Handwritten mark

NOV 2 1962

NOV 22 1967

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 *Gerald J. [Signature]*

Licensed Embalmer No. *4975*

P. O. Address *De Soto, Ga*

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.

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