MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025966
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 145

FILED AUG 6 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Butler — Length of stay in 1b: 8 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bates Co. Memorial Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: Butler — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 407 Vine — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Merritt Middle: C. Last: Pickett
4. DATE OF DEATH: Month July Day 27 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-5-1877
9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months 3 Days 22 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Bates Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Benjamine Pickett
13b. MOTHER'S MAIDEN NAME: Alwilda Crumley
14. NAME OF HUSBAND OR WIFE: Ellen Pickett
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: Opal Pickett Address: Butler, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchio pneumonia — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prostatis
DUE TO (c) Cystitis
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 July 20 1962 to July 27 1962 and last saw ~~her~~ him alive on July 26-62
Death occurred at 7:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. L. Hansen (Degree or title) M.D.
22b. ADDRESS: Butler, Mo
22c. DATE SIGNED: 7-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-29-1962
23c. NAME OF CEMETERY OR CREMATORY: Mt. Vernon Cemetery
23d. LOCATION (City, town, or county) (State): Bates Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Culver-Underwood Butler, Mo.
25. DATE RECD. BY LOCAL REG.: 7-29-1962
26. REGISTRAR'S SIGNATURE: Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Steinbach

Licensed Embalmer No. 4657

P. O. Address Butler, Mo

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.