

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-030562

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. _____

FILED AUG 28 1962

VS 300
Rev. 4/59

8361
20660

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pacific, Mo.</u>		c. CITY OR TOWN <u>Tuscumbia, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>621 W. Osage Street</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Star Route</u>	
3. NAME OF DECEASED (Type or print) <u>Pauline Pickering</u>		4. DATE OF DEATH <u>8-19-1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-20-1868</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Oakfield, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Adolph Stricker</u>		13b. MOTHER'S MAIDEN NAME <u>EMELINE (NEE: REED)</u>	
14. NAME OF HUSBAND OR WIFE <u>John Pickering</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Mrs. Frank Funke - Pacific, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 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 _____ COUNTY _____ STATE _____
21. I attended the deceased from <u>Aug 17/62</u> to <u>Aug 18/62</u> last saw her alive on <u>Aug 18/1962</u> Death occurred at <u>3:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. S. Puffer D.O.</u>		22b. ADDRESS <u>Pacific Mo Aug 29/62</u>	
22c. DATE SIGNED _____			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-22-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Ch. Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Tuscumbia, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>BELL F. H. - PACIFIC, MO. SCRIVINER-STEVENSON - Iberia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8 20 62</u>	26. REGISTRAR'S SIGNATURE <u>J. G. Press, D. L. Reg.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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,

~~only~~ Byron J Bell, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Byron J Bell

Licensed Embalmer No. 4977

P. O. Address Lawrence, 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.