

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20321

State File No. \_\_\_\_\_

BIRTH NO. <u>20</u>		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4337</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>monroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Madison</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) <u>Oliver</u> c. (Last) <u>Pickett</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>6-11-49</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>7-2-1882</u>	
9. AGE (in years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mill</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mill</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mill</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel M. Pickett</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred James</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur L. Woods</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. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur L. Woods Madison Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>N.K.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 2, 1942</u> , to <u>6-11-1949</u> , that I last saw the deceased alive on <u>6-11-1949</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. A. Barnett M.D.</u>				23b. ADDRESS <u>Gains, Mo.</u>		23c. DATE SIGNED <u>6-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>6/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sumner Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Madison, Missouri, Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 12, 1949</u>		REGISTRAR'S SIGNATURE <u>Chas. Little</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. A. Thompson Madison Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. A. Thompson Madison Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer N

District File Number 6-49-

Date Filed JUN 20 1949

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 .....  
Student Embalmer

Signed

*Fred A. Thompson*

Licensed Embalmer No. 1462

P. O. Address *Madison, TN*

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 this body is not embalmed, fact should be so stated above.