

FILED JUL 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22281

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6140 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence, Mo. Rural <i>clay wwp</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence, Mo. Rural <i>clay wwp</i>	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) Mollie Pickett			4. DATE OF DEATH (Month) (Day) (Year) 6-21-1949		
5. SEX 3 Female	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-20-1854	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 9 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Monroe Co. Mo. 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Robertson	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Ural Williams, Clarence, Mo;	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 years
	. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		47 years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 21, 1949, that I last saw the deceased alive on Feb 6, 1949, and that death occurred at 6:30 AM from the causes and on the date stated above.

23a. SIGNATURE D. L. Harlan, M.D.	(Degree or title)	23b. ADDRESS Clarence Mo	23c. DATE SIGNED June 27 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-24-1949	24c. NAME OF CEMETERY OR CREMATORY Clarence, Mo.	24d. LOCATION (City, town, or county) Clarence, Mo.
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DATE REC'D BY LOCAL REG. July 5-49	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE Million-Barkelaw, Clarence, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 11 1949

RECEIVED

District Health Officer No.

District File Number 7-49-1

Date Filed JUL 11 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 C. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne, Vt.

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.