

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36272

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5091 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rockville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rockville, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>34</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>CORA</u>	b. (Middle) <u>BALL PICKELL</u>	c. (Last) <u>BURTON</u>	<u>NOV 13-1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 15 1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mansfield Ohio</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Hyman Pickell</u>	13b. MOTHER'S MAIDEN NAME <u>Stowise Graham</u>	14. NAME OF HUSBAND OR WIFE <u>Leath Burton</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Neiderman</u> ADDRESS <u>Rockville</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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		18b. INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>5 yrs.</u> <u>5 yrs.</u> <u>4 yrs.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		
	DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none performed</u>	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) m. _____	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 June 15, 1875, to Nov. 13, 1949, that I last saw the deceased alive on Nov. 13, 1949, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. O. Bjerke, Jr.</u> (Degree or title) <u>Dr. P. O.</u>	23b. ADDRESS <u>Rockville, Mo.</u>	23c. DATE SIGNED <u>11/14/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>
		24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Nov. 15-1949</u>	REGISTRAR'S SIGNATURE <u>Kendall Kerny</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u> ADDRESS <u>Appleton City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

700

RECEIVED

District Health Officer No. 7,

District File Number 10-49-1381

Date Filed 11-21-49

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 Oscar Eckhoff

Licensed Embalmer No. 2942

P. O. Address Springfield City, 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 this body is not embalmed, fact should be so stated above.