

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1486

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson County Home for the aged.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County E. Hosp.</u>		d. STREET ADDRESS <u>(If rural, give location)</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Burt</u>	b. (Middle)	c. (Last) <u>Pickler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>- 3 -</u>	8. DATE OF BIRTH <u>1885</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
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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) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of Jackson Co Home Indep mo</u>	ADDRESS <u>Indep mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>78 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute urinary retention</u>		
	DUE TO (c) <u>Acute "retention"</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6000	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 1-7-50, 1950, to 1-9-50, 1950, that I last saw the deceased alive on 1-9-50, 1950, and that death occurred at 1:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. Prekarne</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>R#4 Independence Mo</u>	23c. DATE SIGNED <u>1-9-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>	24b. DATE <u>1-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McColligan Mort + Sng Kansas City mo</u>	24d. LOCATION (City, town, or county) (State) <u>mo</u>
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DATE REC'D BY LOCAL REG. <u>1-10-50</u>	REGISTRAR'S SIGNATURE <u>Charles C. Emberton</u>	3090	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Langford</u>	ADDRESS <u>1200 S. 1st St. Independence Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

486
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JAN 23 1950

FEB 21 1950

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 *H. B. Langford*
Licensed Embalmer No. *3833*

P. O. Address *Lee's Summit*

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.