

No. 300  
10.48

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 131

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Kans.</b> <b>Cherokee</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Joplin</b> | c. LENGTH OF STAY (in this place)<br><b>1 week</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Galena</b> <b>8150</b>                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Freeman's Hospital</b>                          |  | d. STREET ADDRESS (If rural, give location)<br><b>504 Bellevue St.</b>   |  |

|   |                              |  |  |  |  |
|---|------------------------------|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Luther</b> b. (Middle) <b>Juleius</b> c. (Last) <b>Pickering</b> |                              |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Mar. 18 1950</b>       |  |  |
| 5. SEX<br><b>M</b>  | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Dec. 16 1863</b>                            | 9. AGE (In years last birthday)<br><b>86</b> | IF UNDER 1 YEAR Days <b>3</b> IF UNDER 10 HRS. Min. <b>2</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>         |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>J.P.</b>                         | 11. BIRTHPLACE (State or foreign country)<br><b>Newton CO Iowa</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>John Pickering</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Meriam Beala</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Eva Pickering</b>          |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b>           |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Walter Pickering</b> |  |

|   |  |  |  |  |
|---|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic pneumonia</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Fractured Hip</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |
|---|--|--|--|--|

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|---|--|---|--|---|--|
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>615</b>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b>         |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b>           |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Galena Cherokee Kansas</b>    |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>3 -11 -50</b> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><b>FALL</b>   |  |

22. I hereby certify that I attended the deceased from 3-11, 1950, to 3-18, 1950, that I last saw the deceased alive on 3-18, 1950 and that death occurred at 4:45 a.m., from the causes and on the date stated above.

|   |  |                                     |  |                                    |  |
|---|--|-------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE<br><b>Charles S. Damm M.D.</b> |  | 23b. ADDRESS<br><b>Galena Kans.</b> |  | 23c. DATE SIGNED<br><b>3-19-50</b> |  |
|---|--|-------------------------------------|--|------------------------------------|--|

|   |  |                             |  |   |  |   |  |
|---|--|-----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> |  | 24b. DATE<br><b>3-19 50</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Friendship</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Hallowell Kans.</b> |  |
|---|--|-----------------------------|--|---|--|---|--|

|  |  |  |  |  |  |                          |  |
|--|--|--|--|--|--|--------------------------|--|
| DATE REC'D BY LOCAL REG.<br><b>3-20-50</b> |  | REGISTRAR'S SIGNATURE<br><b>W. E. Poteet</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>William E. Poteet</b> |  | ADDRESS<br><b>Galena</b> |  |
|--|--|--|--|--|--|--------------------------|--|

(Licensed Embalmer's Sketch on Reverse Side)

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

RECEIVED 4-3-50  
Jasper County Health Office

County File Number 50-3-244-----

Date Filed 4-3-50-----

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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 *Haven E. Lewman*-----

Licensed Embalmer No. *2067 Hans*-----

P. O. Address *Salina Kans*-----

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.