

No. 300
10. 48

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39892**
Registrar's No. **1462**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Joseph**
c. LENGTH OF STAY (In this place) **30 days**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Joseph's Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Buchanan**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural: Washington 0110**
d. STREET ADDRESS (If rural, give location) **R.R.#4, Ajax Road**

3. NAME OF DECEASED (Type or Print)
a. (First) **Catharine** b. (Middle) **G.** c. (Last) **Pickett**
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 25, 1950**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **Feb. 3, 1874** 9. AGE (In years last birthday) **76** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housekeeper** 10b. KIND OF BUSINESS OR INDUSTRY **own home** 11. BIRTHPLACE (State or foreign country) **Atchison, Kansas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **unk.** 13b. MOTHER'S MAIDEN NAME **unk.** 14. NAME OF HUSBAND OR WIFE **William J. Pickett**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give year or dates of service) **none** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **T.E. Calvert, R.R.#4, St. Joseph, Mo.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of stomach**
ANTECEDENT CAUSES (b) **Carcinomatous**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) **Peritonitis - legs**
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **15 1/2**

19a. DATE OF OPERATION **11/19/50** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of stomach - metastasis to liver** 20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 15, 1950**, to **Dec 25, 1950**, that I last saw the deceased alive on **Dec 25, 1950**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) 23b. ADDRESS **[Address]** 23c. DATE SIGNED **12-17-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12/27/50** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Mora** 24d. LOCATION (City, town, or county) (State) **St. Joseph Mo.**

DATE REC'D BY LOCAL REG. **Jan 2, 1951** REGISTRAR'S SIGNATURE **Carl C. Calvert** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Heaton-Bowman Funeral Home, St. Joseph, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. T. J. Stauden

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.

Signed *William Gulding*

Signed _____
Student Embalmer

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Joseph, 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.