

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9191

BIRTH NO. _____		REG. DIST. NO. <u>180</u>		PRIMARY REG. DIST. NO. <u>5673</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural - Monroe Township</u> )		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Monroe Twonship</u> <u>0570</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mile n. west of Winfield</u>				d. STREET ADDRESS (If rural, give location) <u>3 mile n. west of Winfield</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louise</u>		b. (Middle) <u>Anna</u>		c. (Last) <u>Pickhardt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20, 1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 25, 1872</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln County, Missouri</u> <u>D</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Husemann</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Rahe</u>		14. NAME OF HUSBAND OR WIFE <u>Carl H. Pickhardt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Philip Pickhardt - Winfield, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 days</u> <u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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 <u>Nov. 1, 1950</u> to <u>March 20, 1951</u> , that I last saw the deceased alive on <u>March 20, 1951</u> , and that death occurred at <u>12:00 noon</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. F. L. Sutton</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Winfield, Mo.</u>		23c. DATE SIGNED <u>March 25, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-22-51</u>		24c. NAME OF CEMETERY <u>St. Paul's E&amp;R</u>		24d. LOCATION (City, town, or county) (State) <u>Old Monroe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 28 - 1951</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Emilia J. ...</u>		ADDRESS <u>Elsberry, Mo.</u>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 2 1951

RECEIVED

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 *Charles E. Elsherry* \_\_\_\_\_

Licensed Embalmer No. 4012 \_\_\_\_\_

P. O. Address Elsherry, 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.