No. 300
10-48

FILED OCT 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 34643

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4426 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY: Polk	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Polk 0840
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play, 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First): Minnie	b. (Middle): Jane	c. (Last): Pickel	4. DATE OF DEATH (Month) (Day) (Year): Sept. 26 1951
5. SEX: female	6. COLOR OR RACE: white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Oct. 13 1885	9. AGE (In years last birthday): 65 — 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): House wife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Polk County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Crawford	13b. MOTHER'S MAIDEN NAME: Mandy Forgey	14. NAME OF HUSBAND OR WIFE: Nelson Pickel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT'S SIGNATURE OR NAME: Georgia Taylor	ADDRESS: Fair Play, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility causing Chronic Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 4222	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) m.	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* May 10, 1951, *to* Sept 26, 1951, *that I last saw the deceased alive on* Sept 26, 1951, *and that death occurred at* 7:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. G. Saunders	(Degree or title): D.O. 2	23b. ADDRESS: Fair Play, Mo.	23c. DATE SIGNED: 10/10/51
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: 9-28-1951	24c. NAME OF CEMETERY OR CREMATORY: Barren Creek	24d. LOCATION (City, town, or county) (State): Fair Play, Mo.
DATE REC'D BY LOCAL REG.: Oct 14, 1951	REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon 235	25. FUNERAL DIRECTOR'S SIGNATURE: Barker, Erwin & Bruce	ADDRESS: Fair Play, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 23 1951
Dist. File
Date Filed

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED OCT 23 1951
Dist. File
Date Filed

DIVISION OF HEALTH
District No. 5 - Springfield
RECEIVED OCT 23 1951
Dist. File
Date Filed

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar 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.