

28230

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

3821

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>4</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>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>5539 VIRGINIA AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colony Nursing Home</u> <u>100 East 36th Street</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MATHILDA</u>		b. (Middle) <u>ALBERTA</u>		c. (Last) <u>PICKLES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27 1952</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>Oct. 7, 1891</u>		9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Of his kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.F.</u>		13a. FATHER'S NAME <u>Arthur Tuckett</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph Pickles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>Ralph Pickles 5539 Virginia Ave</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Dura Metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of Breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>6 years</u> <u>170X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of dura &amp; parietal area</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., bar about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>July 9, 1952</u> to <u>Aug 27, 1952</u> that I last saw the deceased alive on <u>Aug 27, 1952</u> and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (S) <u>E. L. Pety M.D.</u> (Degree or title)				23b. ADDRESS <u>300 Argyle Bldg KC Mo</u>		23c. DATE SIGNED <u>8-27-52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>8-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY & LOCATION (City, town, or county) (State). <u>National Cem. Springfield Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-28-52</u>		REGISTRAR'S SIGNATURE <u>Sheralding Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>DW Newcomer's Sons Kansas City Mo</u>			

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

4134511

OCT 29 1931

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 John R. Edmondson  
Licensed Embalmer No. 4531  
P. O. Address Kansas City, 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.