

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8459**

FILED FEB 16 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbina, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbina mo</b>	
c. LENGTH OF STAY (In this place) <b>13 1/2</b>		d. STREET ADDRESS (If rural, give location) <b>1020</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Valoria</b> b. (Middle) <b>JANE</b> c. (Last) <b>PICKETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 11 1953</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 12-1860</b>	9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months <b>29</b> Days _____ Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	11. BIRTHPLACE (State or foreign country) <b>Shelby Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Richard F. Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Scott</b>		14. NAME OF HUSBAND OR WIFE <b>James Sherman Pickett</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <b>1</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clarence Pickett Bethel, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina Pectoris</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 MEX.</b>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4202</b>	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 **Feb. 1**, 19**53**, to **Feb. 11**, 19**53**, that I last saw the deceased alive on **Feb. 10**, 19**53**, and that death occurred at **9 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. L. Caldwell D.O.</b>	(Degree or title)	23b. ADDRESS <b>Shelbina, Mo.</b>	23c. DATE SIGNED <b>Feb. 13/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Feb. 13-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>199F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbyville Missouri</b>
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DATE REC'D BY LOCAL REG. <b>2-13-53</b>	REGISTRAR'S SIGNATURE <b>Ada Harrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. Musgrave Bethel, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0 40  
1

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2719

P. O. Address Petal No.

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.