

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10326

State File No. _____
Registrar's No. 64

FILED APR 6 1953

BIRTH NO. 1617b REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5584

0490
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (When deceased lived; if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Reeds Mo R T D</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Rural Jasper (M^c Donald)</u>	
c. LENGTH OF STAY (in this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Reeds Mo R T 0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home (M^c Donald) Jasper</u>			

3. NAME OF DECEASED (Type or Print) <u>Karen Leona Pickley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-24-53</u>		
(First)	(Middle)	(Last) <u>PICKLEY</u>	(Month)	(Day)	(Year)

5. SEX <u>female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>3-23-53</u>	9. AGE (In years last birthday) <u>12 hrs</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>12</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reeds Mo R T</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Lloyd Pickley</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Pickley</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd Pickley Jasper Mo</u>			
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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>Acute Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Respiration of Chronic</u> 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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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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?
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22. I hereby certify that I attended the deceased from March 23, 1953, to March 24, 1953, that I last saw the deceased alive on March 23, 1953, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.R. Nordstrom, D.O.</u>	23b. ADDRESS <u>Sauvie, Missouri</u>	23c. DATE SIGNED <u>Mar. 24, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reeds Cern</u>	24d. LOCATION (City, town, or county) (State) <u>Reeds Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-24-53</u>	REGISTRAR'S SIGNATURE <u>L.B. Clifton, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson Sons Sauvie Mo</u>
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RECEIVED 4-3-53
Jasper County Health Office

County File Number 53/4/306

Date Filed 4-3-53

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. Sarasota

P. O. Address 3954

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.