

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36823

State File No.

FILED NOV 3 - 1953

BIRTH NO. REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-964 Registrar's No. 76

0830

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give PLATTE WOODS OR TOWN <u>Parkville R.R. # 3</u>)		c. LENGTH OF STAY (In this place) <u>15 YEARS</u>	c. CITY OR TOWN <u>Platte Woods</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CRYSTAL POOL DRIVE R.R. #3</u>		e. STREET ADDRESS (If rural, give location) <u>CRYSTAL POOL DRIVE R.R. # 3</u> 0830	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard</u> b. (Middle) <u>John</u> c. (Last) <u>Pickering</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 26 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 14 1892</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rudy-Fick Inv. NKC</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Steel City Neb. R.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Pickering</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY Neely</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE Pickering</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. #1</u>		16. SOCIAL SECURITY <u>495-03-7993</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M.D. Opperman - Parkville R.R. #3</u>		ADDRESS <u>Parkville R.R. #3</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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 <u>4-201</u>	
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>4-15-49</u> , 19 <u>49</u> , to <u>death</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-24</u> , 19 <u>53</u> , and that death occurred at <u>9:00 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>2015 Swift NKC. Mo</u>	
23c. DATE SIGNED <u>10/27/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Doborne man Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 28-53</u>		REGISTRAR'S SIGNATURE <u>257- Ophelia Ballins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1331 BRUSH CREEK Kansas City Mo</u>	

JAN 19 1954

NOV 9 1954

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

Signature of Student Embalmer

Signed

Robert G. Boyer

Licensed Embalmer No. 489

P. O. Address K.C. 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.