

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16104**
2055

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 51 yrs. | | c. CITY OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident | | • STREET ADDRESS (If rural, give location) 2212 Wabash | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Geneva W. b. (Middle) Pickett c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) May 5, 1954 | | |
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|-------------------------|------------------------------------|--|--|--|---------------------------|-------------------------|--------------------------|--------------------------|
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 17, 1901 | 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | IF UNDER 2 HRS. Hours | IF UNDER 2 HRS. Mins. |
|-------------------------|------------------------------------|--|--|--|---------------------------|-------------------------|--------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Scott City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
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| 13a. FATHER'S NAME Zack Wright | | 13b. MOTHER'S MAIDEN NAME Mary Smith | | 14. NAME OF HUSBAND OR WIFE Jack C. Pickett | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack C. Pickett 2212 Wabash | | | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Vascular Accident ANTECEDENT CAUSES DUE TO (b) Arterial Hypertension 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 331X | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 **4/12, 1954**, to **5/5, 1954**, that I last saw the deceased alive on **5/4, 1954**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) L.S. Daigle, M.D. | | 23b. ADDRESS 21229 Roman Rd | | 23c. DATE SIGNED 5/6/54 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 5/8/54 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
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| DATE REC'D BY LOCAL REG. 5-7-54 | | REGISTRAR'S SIGNATURE Staldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wardens Brass 18th & Benton | | | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Bruce L. Watkins*

Licensed Embalmer No. *45*

P. O. Address *18th St. Be*

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.