

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31479

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5992 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-LINCOLN</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>UNIONVILLE MO</u>		e. STREET ADDRESS (If rural, give location) <u>UNIONVILLE MO 0860</u>	
3. NAME OF DECEASED a. (First) <u>GERTIE</u> b. (Middle) <u>LUTHERA</u> c. (Last) <u>PICKETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>Jan 6, 1887</u>
9. AGE (In years last birthday) <u>67</u> if UNDER 1 YEAR Months <u>7</u> if UNDER 1 YEAR Hours <u>5</u> if UNDER 1 YEAR Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>MARTIN FISHER</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA HARMAN</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY PICKETT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (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>Henry Pickett Unionville, Mo</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>Carcinoma of left eye</u> ANTECEDENT CAUSES <u>Metastasis in the brain causing</u> DUE TO <u>Cerebral causes</u> II. OTHER SIGNIFICANT CONDITIONS <u>Cerebral causes of death</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) m.		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>Sept 9, 1954</u> , to <u>Sept 12, 1954</u> that I last saw the deceased alive on <u>Sept 12, 1954</u> and that death occurred at <u>11 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter D. D. D. Unionville Mo</u>		23b. ADDRESS	23c. DATE SIGNED <u>9/13/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>Sept 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thompson Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Putnam Co Mo</u>
DATE REC'D BY LOCAL REG. <u>9-25-54</u>	REGISTRAR'S SIGNATURE <u>Marshall D. D. D.</u>	2.66	FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.D. D. D. Unionville, Mo</u>

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

0860

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.....
J. O. Huston

Licensed Embalmer No. *297*

P. O. Address *Unionville*

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.