

19512

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-ANDERSON-TWP		c. CITY OR TOWN RURAL	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 YRS.		e. STREET ADDRESS (If rural, give location) 6-MILES S.E. MALDEN, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6-MILES S.E. MALDEN, MO.			

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) FRANKLIN c. (Last) PICKARD			4. DATE OF DEATH (Month) (Day) (Year) JUNE 19 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 6, 1907	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 48 HRS. Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) HALEYVILLE, ALABAMA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ROBERT PICKARD	13b. MOTHER'S MAIDEN NAME MINNIE CLEMENT	14. NAME OF HUSBAND OR WIFE ALTA PICKARD
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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. NOT KNOWN	17. INFORMANT'S SIGNATURE OR NAME ALTA PICKARD R-1	ADDRESS GIDEON, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 6 wks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic fibrous pericarditis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis - Congestive Heart Failure 3-4 yrs.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4010	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 5-30-1955 to 6-18-1955, that I last saw the deceased alive on 6-18-1955, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Denise M. Brown M.D.	23b. ADDRESS Malden Mo.	23c. DATE SIGNED 6-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-21-55	24c. NAME OF CEMETERY OR CREMATORY MOUNTAIN HOME	24d. LOCATION (City, town, or county) (State) HALEYVILLE, ALABAMA.
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DATE REC'D BY LOCAL REG. 7-3-55	REGISTRAR'S SIGNATURE Ma S J. Hopkins	451- 25. FUNERAL DIRECTOR'S SIGNATURE DAY FUNERAL HOME, MALDEN, MISSOURI	ADDRESS MALDEN, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

DATE RECEIVED JUL 7 1955
NEW MADRID CO. HEALTH CENTER

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. W. Schuman

Licensed Embalmer No. 406

P. O. Address Madde

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.