

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42075**

FILED DEC 27 1956

BIRTH NO. _____ REG. DIST. NO. **180** PRIMARY REG. DIST. NO. **4292** Registrar's No. **1**

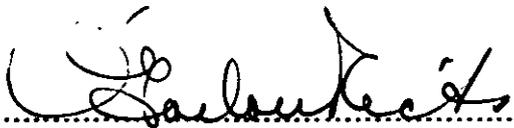
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY. LINCOLN	
b. CITY OR TOWN WINFIELD		c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN WINFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 3 MI. N.W. of Winfield			
3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) HENRY c. (Last) PICKHARDT		4. DATE OF DEATH (Month) (Day) (Year) DEC. 14, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH APR. 11, 1870
9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and State or Foreign Country) 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME CARL PICKHARDT		13b. MOTHER'S MAIDEN NAME SOPHIA KREIGER	14. NAME OF HUSBAND OR WIFE ANNA HUSMAN PICKHARDT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NUMBER NO NUMBER	17. INFORMANT'S SIGNATURE OR NAME PHILIP PICKHARDT - WINFIELD
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis	INTERVAL BETWEEN ONSET AND DEATH 4 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular-Renal Disease 6 yrs approx DUE TO (c) Debility of Age	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X			
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 Nov 9 1956 to Dec 14, 1956 , that I last saw the deceased alive on Dec 14, 1956 , and that death occurred at 4:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank L. Sutton D.O. 2		23b. ADDRESS Winfield, Mo.	23c. DATE SIGNED 12/17/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-16-56	24c. NAME OF CEMETERY OR CREMATORY ST. Paul's E + R	24d. LOCATION (City, town, or county) (State) Old Monroe, Mo
DATE REC'D BY LOCAL REG. 12-22-56		REGISTRAR'S SIGNATURE Emma B. Riddle	25. HEALTH DIRECTOR'S SIGNATURE Shubert - ELSBERRY, Mo.

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..... .....

Licensed Embalmer No. 4012

P. O. Address Elsbury, Ill.

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.