

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25819**

FILED AUG 12 1957

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>199</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Saint Charles</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY OR TOWN <u>Winfield</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>Saint Joseph's Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>R.F.D. 2 miles N.W.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Fredrick</u>	b. (Middle) <u>Herman</u>	c. (Last) <u>Pickhard</u>	Date <u>Aug. 8, 1957</u>	Month <u>Aug.</u>	Day <u>8</u>	Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 2, 1899</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 2 HRS. Hours <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Winfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry C. Pickhard</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pixon</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (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>Clara Cannon, Winfield, Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>				<u>42 hours</u>	
		*This does not mean the mode of dying, such as heart failure, ashenia, It means the disease, injury, or complication which caused death.					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____				<u>154X</u>	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma Recto - sigmoid 8 months</u>					
19a. DATE OF OPERATION <u>Aug 2-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Recto sigmoid</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>July 17, 1957</u> , to <u>Aug 8, 1957</u> , that I last saw the deceased alive on <u>Aug 7, 1957</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wesley A. Schuman, M.D.</u>		23b. ADDRESS <u>St Charles Mo</u>		23c. DATE SIGNED <u>Aug 9-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 10, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul &amp; R Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Old Monroe, Missouri</u>			
DATE REC'D BY LOCAL REG <u>Aug 10-57</u>		REGISTRAR'S SIGNATURE <u>Margaret Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rich Funeral Home, Claberry, Mo.</u>			

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

Cert. by Dr. Schuman 5/19/57

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1957

SEP 5 1957

**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.....  
*Elisberry*

Licensed Embalmer No. 401

P. O. Address *Elisberry*

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.