

FILED OCT 7 1957

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32824  
State File No. 34  
Registrator's No. 5888

264-265

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Clark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY OR TOWN <b>Big Creek Twp</b>	c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Neosho</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>414 East Hickory Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Pickens</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 19, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept 25, 1898</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work depending upon most of working life, even if retired) <b>Pickens Loan Co</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Loaning Money</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Neosho, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Fleta</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fleta Pickens</b> ADDRESS <b>Neosho, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 Miss.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occl.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 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? <b>2</b> 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) <b>4201</b>
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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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Shana Mahan</b> (Degree or title)	23b. ADDRESS <b>C.R. Dainesville, Mo.</b>	23c. DATE SIGNED <b>9/28/57</b>
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24a. BURIAL, CREMATION-REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-23-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Neosho, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10/5/57</b>	REGISTRAR'S SIGNATURE <b>Shana Mahan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clinkinghead</b> ADDRESS <b>Dainesville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

461 0

VS  
JUN 5 1959

VS  
SEP 27 1960

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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 *John R. Carey*

Licensed Embalmer No. 4885

P. O. Address *Cameronville*

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.