S. No. 300
V. 10.48

FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34564
State File No.

BIRTH NO. 319 REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 2075 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poe Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter
d. STREET ADDRESS (If rural, give location): 131 U

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Dalene
c. (Last): Pickens

4. DATE OF DEATH (Month) (Day) (Year): Sept. 18, 1957

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Sept. 17, 1957
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: child
11. BIRTHPLACE (City and State or Foreign Country): Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Kenneth D. Pickens
13b. MOTHER'S MAIDEN NAME: Virginia Needham
14. NAME OF HUSBAND OR WIFE: child

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): X X X X X X X X X X X X
16. SOCIAL SECURITY NO.: X X X X X X X X X
17. INFORMANT'S SIGNATURE OR NAME: Kenneth D. Pickens
ADDRESS: Dexter, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia & Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Obstruction of Bronchi
DUE TO (c) Prematurity & secretions

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: 7615
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 17, 1957, *to* Sept 18, 1957, *that I last saw the deceased alive on* Sept 18, 1957, *and that death occurred at* 2:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Poe
(Degree or title): D.O.
23b. ADDRESS: Dexter Mo
23c. DATE SIGNED: 9/20/57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-18-57
24c. NAME OF CEMETERY OR CREMATORY: Tower Heights Cem.
24d. LOCATION (City, town, or county) (State): W. Frankfort, Ill.

DATE REC'D BY LOCAL REG.: 10-2-57
REGISTRAR'S SIGNATURE: Velma V. Jenkins
25. FUNERAL DIRECTOR'S SIGNATURE: Watkins & Sons
ADDRESS: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 .....
Student Embalmer

Signed Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

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 this body is not embalmed, fact should be so stated above.