

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1598

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237 Registrar's No. 55-

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raytown</u>		c. CITY OR TOWN <u>Greenwood</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 hr.</u>		e. STREET ADDRESS (If rural, give location) <u>South part of town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Assembly of God Church</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>	b. (Middle) <u>Amon</u>	c. (Last) <u>Pickard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 30, 1919</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sausage Plant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gilt Edge, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Pickard</u>	13b. MOTHER'S MAIDEN NAME <u>Coral Tennen</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Pickard</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or date of service) <u>- WW II</u>	16. SOCIAL SECURITY NO. <u>410-28-1815</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Pickard, Greenwood, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? YES <input checked="" type="checkbox"/> NO <input 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) <u>4201</u>
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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 _____
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22. I hereby certify that I attended the deceased from 1-25, 1958, to 2-2, 1958, that I last saw the deceased alive on 2-2, 1958 and that death occurred at 12 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William J. Bell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Lee's Summit Mo.</u>	23c. DATE SIGNED <u>2-4-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 5, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-5-58</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MO. <u>Langsford Funeral Home, Lee's Summit</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 14 1958
FEB 19 1958

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 *D. B. Langsdorf*.....
Licensed Embalmer No. *496*.....
P. O. Address *W. S. Sumner*.....

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.