

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009710
State File No.

FILED APR 8 1958

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4227 Registrar's No. 23

440

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

1. PLACE OF DEATH a. COUNTY Holt		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Marshall	
b. CITY (If outside corporate limits, write RURAL and give township) Craig		c. CITY OR TOWN Marysville	d. Is 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) 6 Months		e. STREET ADDRESS (If rural, give location) Marysville, Kansas	
d. FULL NAME OF HOSPITAL OR INSTITUTION Craig, Missouri			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) E. c. (Last) Pickinpaugh			4. DATE OF DEATH (Month) (Day) (Year) March 29, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 15, 1895	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY In home	11. BIRTHPLACE (City and State or Foreign Country) Home, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jesse Prichard		13b. MOTHER'S MAIDEN NAME Minivie Burnaugh		14. NAME OF HUSBAND OR WIFE Elbridge Pickinpaugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS John Pickinpaugh--468 Rollingwood Vallejo, Calif.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis		5 min
	DUE TO (c) Hypertensive Cardiovascular Disease		unknown
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 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) 4201
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 July 1, 1957, to Mar 29, 1958, that I last saw the deceased alive on July 22, 1958 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. F. Swaney	(Degree or title) M.D.	23b. ADDRESS Oregon, Missouri	23c. DATE SIGNED 3/29/58
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Burial & Removal 4/2/58	24c. NAME OF CEMETERY OR CREMATORY Marysville Cemetery	24d. LOCATION (City, town, or county) (State) Marysville, Kansas

DATE REC'D BY LOCAL RES. 4/9/1958	REGISTRAR'S SIGNATURE James H. Crawford	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Willow L. Schoeler - Craig, Mo
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APR 17 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 myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilbur L. Scholer.....

Licensed Embalmer No. 3997

P. O. Address Craig, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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