

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026227
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 93

S. 300
1-57

No symptoms will be listed.
 No diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Princeton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth San.		Length of stay in lb 9mo. 4 day	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Robert Last Pickens			4. DATE OF DEATH Month July Day 3 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) jeweler		10b. KIND OF BUSINESS OR INDUSTRY Jewelry	9. AGE (In years last birthday) 81
11. BIRTHPLACE (City and state or country) Agusta, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Pickens		13b. MOTHER'S MAIDEN NAME Sarah Balfour	14. NAME OF HUSBAND OR WIFE Ethel Pickens-deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-44-8392	17. INFORMANT Address Mrs. Florence Webster Trenton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral hemorrhage			one week
DUE TO (c) arteriosclerosis and hypertension			33 1/2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). chronic brain syndrome due to arteriosclerosis and senile brain disease			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Sept. 29, 1957 to July 3, 1958 and last saw ^{her} him alive on July 3, 1958 Death occurred at 7:25 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Andrew T. Steel D.O. 2		22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 7/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery	23d. LOCATION (City, town, or county) (State) Princeton Missouri
24. FUNERAL DIRECTOR R. Lester Bram	ADDRESS Macon, Mo.	25. DATE RECD. BY LOCAL REG. 7/21/58	26. REGISTRAR'S SIGNATURE Ruth McGeely

JUL 24 1958

Deco filed 7-22-58

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 *R. Lester Braun*

Licensed Embalmer No. *4472*
P. O. Address *Mason, ?*

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.