

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032919
STATE FILE NUMBER
4384

FILED OCT 1 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 4384

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y. 1-57 D

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Overland Park \$156
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Length of stay in lb 2 weeks	d. STREET ADDRESS (If outside, give location) 8128 Walmer
3. NAME OF DECEASED (Type or print) First Leroy Middle M Last Pickert			4. DATE OF DEATH Month Sept. Day 14 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 27, 1934
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months 24 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Stacy Steel	11. BIRTHPLACE (City and state or country) Anderson County, Kans.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph F. Pickert	13b. MOTHER'S MAIDEN NAME Gertrude Setter
14. NAME OF HUSBAND OR WIFE Arlene Pickert		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 510-30-0046
17. INFORMANT Mrs. William Sherman		Address K-C-Mo. 4646 Booth.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH 3 m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Internal Hemorrhage			7 days
DUE TO (c) Cancer (CA of Stomach)			6 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 11 Month 9 Day 1 Year 1958 a.m. 00 p.m. 00		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-1-58 to 9-14-58 and last saw her/him alive on 9-14-58 Death occurred of _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R.B. Hodgson (Degree or title) MD		22b. ADDRESS 1920 Wall Mission, Mo	
22c. DATE SIGNED 9-14-58		22d. LOCATION (City, town, or county) (State) Scipio, Kansas	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept. 15, 1958	
23c. NAME OF CEMETERY OR CREMATORY St. Boniface Cemetery		23d. LOCATION (City, town, or county) (State) Scipio, Kansas	
24. FUNERAL DIRECTOR Stine McCluree Undertaking Co ADDRESS Kansas city, Mo		25. DATE RECD. BY LOCAL REG. 9-15-58	
26. REGISTRAR'S SIGNATURE Neva Minshall			

Every container, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 R. B. Hodgson

MAR 19 1959

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 *William M. Turner*.....

Licensed Embalmer No. *4648*.....

Address *Kansas City, 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.