

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042359

FILED VS DEC 7 1959

STATE FILE NUMBER

210562

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas. b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Piggott	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If outside, give location) Rt. # 1	
3. NAME OF DECEASED (Type or print) First George Middle Spencer Last Pickering		4. DATE OF DEATH Month November Day 11 Year 1959	
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 1/19/1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Illinois.
13a. FATHER'S NAME J. Pickering		13b. MOTHER'S MAIDEN NAME Ella Belle Kirk	14. NAME OF HUSBAND OR WIFE Velma
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. Nil.	17. INFORMANT Velma Pickering, Rt. # 1, Piggott, Arkansas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage caused by severance of the left carotid artery. DUE TO (b) Carcinoma of the Media Stymum involving the trachea. DUE TO (c) None PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when disband cut PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED, year or name of injury, if PART I or PART II of item 18. Crash with motor vehicle at Barnes Hospital on	
20c. TIME OF INJURY Hour 11 a.m. 459 Month, Day, Year November 4, 1959.	20d. INJURY OCCURRED WHILE AT WORK <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.) Shop	20f. CITY, TOWN, OR LOCATION St Louis Mo
21. I attended the deceased from 1130 P. and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Patrick J. Taylor Carraway		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-16-59	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Piggott, Arkansas.
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. NOV 16 1959	26. REGISTRAR'S SIGNATURE Coal Smith, M.D. <i>mde</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 25 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murr

Licensed Embalmer No. 374

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.