

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035762

FILED VS OCT 17 1960

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 134

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tavern Township.		Length of stay in 1b 49 yrs.	c. CITY OR TOWN Waynesville, Mo.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Waynesville, Mo Rt#1.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt. # 1.
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Charles Middle Edward. Last Pickering.			4. DATE OF DEATH Month September Day 25, Year 1960			
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 3/22/1887	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Pulaski Co, Missouri U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Webster Pickering.		13b. MOTHER'S MAIDEN NAME Salina B. Lovell.		14. NAME OF HUSBAND OR WIFE Nevada Pickering.		
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. 499-05-0878		17. INFORMANT Address Mo, Rt. #1 Mrs. Nevada Pickering Waynesville		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hr
DUE TO (b) Arterio Sclerosis		
DUE TO (c)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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	
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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 _____ a.m. _____ p.m. Month, Day, Year _____			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 6-20-60 to 9-25-60 and last saw her alive on 9-25-60
Death occurred at 4:50 A M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R.D. Allett</i> (Degree or title) D.O.	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 9/28/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/28/60	23c. NAME OF CEMETERY OR CREMATORY Idumea Cemetery	23d. LOCATION (City, town, or county) LaQuey, Missouri Rural
24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Waynesville, Mo		25. DATE RECD. BY LOCAL REG. 9-28-60	26. REGISTRAR'S SIGNATURE <i>Carla J. Anderson</i>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 T 100 SA

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 Clarence Prose

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.