

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011255

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1246

FILED MAR 19 1962

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|----------------|--|--------------|
| VS 300         | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED |
| Rev. 4/59      |  |              |
| 1              |  |              |
| 2 <u>3298</u>  |  |              |
| 3              |  |              |
| 4 <u>0</u>     |  |              |
| 5 <u>0</u>     |  |              |
| 6              |  |              |
| 7 <u>0</u>     |  |              |
| 8 <u>1</u>     |  |              |
| 9 <u>491X</u>  |  |              |
| 10             |  |              |
| 11             |  |              |
| 12 <u>90-3</u> |  |              |
| 13             |  |              |

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in 1b<br><i>Life</i>   | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>420 West 17th</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>420 West 17th</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>          |
| 3. NAME OF DECEASED (Type or print)<br>First <b>STEVEN</b> Middle <b>THOMAS</b> Last <b>PICKERING</b>   |   | 4. DATE OF DEATH<br>Month <b>February</b> Day <b>28</b> Year <b>1962</b>  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>2/30/61</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-</b>   | 9. AGE (last birthday)<br><b>2</b><br>IF UNDER 1 YEAR: Months <b>2</b> Days <b>0</b><br>IF UNDER 24 HR: Hours <b>0</b> Min. <b>0</b>                                 |
| 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Jack M. Pickering, Jr.</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Dixie Allen</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>-</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                       |  |
| 16. SOCIAL SECURITY NO.<br><b>None</b>  |   | 17. INFORMANT<br><b>Jack M. Pickering, 420 W. 17th</b><br>Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Brain aneurysm</i><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>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<br>COUNTY _____ STATE _____  |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>5:00 P.</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE (Degree title)<br><i>W. Coffey, M.D.</i>   |   | 22b. ADDRESS<br><i>6625 Park St St Louis</i>  |  |
| 22c. DATE SIGNED<br><b>3-16-62</b>  |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |   | 23b. DATE<br><b>Mch. 2, 1962</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>East Slope Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Riverside Missouri</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>D.W. Newcomer's Sons, North K.C., Mo.</b><br>ADDRESS<br><b>832 Armour Road</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-2-62</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><i>Ruth Long</i>   |   |   |  |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 John V. Henrich

Licensed Embalmer No. 4874

P. O. Address 5-C-17/200

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.