

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017159

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. FILED APR 1 1963 Primary Registration District No. _____ Registrar's No. 32

VS 300
Rev. 4/59

DATE AMENDED

1 0860

2 0860

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4 0

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9 156.1

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12 90-2

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL-UNION</u>		Length of stay in 1b <u>1041-</u>	c. CITY OR TOWN <u>RURAL-UNION</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIONVILLE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>UNIONVILLE</u>
3. NAME OF DECEASED (Type or print) First <u>DEWEY</u> Middle <u>J.</u> Last <u>PICKERING</u>		4. DATE OF DEATH Month <u>APR.</u> Day <u>7</u> Year <u>63</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married: <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-13-78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNIONVILLE MO</u>	9. AGE (last birthday) <u>64</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>24</u> IF UNDER 24 HR: Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>UNIONVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John J. PICKERING</u>		13b. MOTHER'S MAIDEN NAME <u>ESSIE MAY STINSON</u>	14. NAME OF HUSBAND OR WIFE <u>MABEL PICKERING</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		17. INFORMANT <u>MABEL PICKERING-UNIONVILLE MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the lung</u> DUE TO (b) _____ DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. (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 <u>4-1-63</u> to <u>4-7-63</u> and last saw him alive on <u>4-5-63</u> Death occurred at <u>6:00 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L.W. McDonald DO</u>		22b. ADDRESS <u>Unionville, Mo.</u>	22c. DATE SIGNED <u>4-9-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	23b. DATE <u>4-10-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE</u>	23d. LOCATION (City, town, or county) (State) <u>UNIONVILLE MO</u>
24. FUNERAL DIRECTOR <u>McAusted & Son Unionville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-9-63</u>	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Muel E. Huster

Licensed Embalmer No. 3304

P. O. Address UNIONVILLE-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.