

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-050750

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 326 Primary Registration District No. 4494 Registrar's No. 299

STATE FILE NUMBER

FILED JAN 6 1966

VS 300
Rev. 4/59

1 1010

2 2010

3

4 1

5 2

6

7 0

8 2

9 420.1

10

11

12 90-3

13 1-2

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona</u>		Length of stay in lb <u>5 YEARS</u>	c. CITY OR TOWN <u>Winona</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Winona</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY MAE PICO</u>			4. DATE OF DEATH Month Day Year <u>Dec. 29 1965</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-8-1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	9. AGE (last birthday) <u>58</u>
13a. FATHER'S NAME <u>Joseph H. Clemons</u>		13b. MOTHER'S MAIDEN NAME <u>LINA Mayberry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</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>Myocardial Infarction</u> DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) _____		17. INFORMANT <u>Ane Russell; Winona Mo.</u>	
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 checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>9</u> a.m. Month, Day, Year <u>12-29-65</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.) <u>Winona</u>	
21. I attended the deceased from <u>Dead on arrival</u> and last saw her/him alive on _____		20f. CITY, TOWN, OR LOCATION <u>Shannon Mo</u>	
22a. SIGNATURE <u>Denton Wilson</u>		22b. ADDRESS <u>110 - Court Emmeine, Mo.</u>	
22c. DATE SIGNED <u>12-30-65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-4-1966</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Fort Ros Crawes</u>		23d. LOCATION (City, town, or county) (State) <u>San Diego Calif.</u>	
24. FUNERAL DIRECTOR <u>Ernest E. Clary; Winona, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-5-1966</u>	
		26. REGISTRAR'S SIGNATURE <u>Mabel Ream</u>	

JAN 21 1980

1010
1010
-4
011
808

Burial Permit 02222

Handwritten scribbles

Handwritten signature

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 *Emmet C. Gilary*
CO-75-41
Licensed Embalmer No. 5118

Handwritten scribbles

Handwritten scribbles

P. O. Address WINONA, 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.

12-30

Handwritten scribbles