

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33851**

**FILED** 063-221945

30234218

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. **139**

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Windsor, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**111 W. Jackson Street**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL")

(d) Street No. **111 W. Jackson St.,**  
(If rural, give location)

(e) Citizen of foreign country? **No**  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Oral Clarence Stickrod**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**  
year **1945** hour **7** minute **0 a.m.**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

21. I hereby certify that I attended the deceased from **July 9**, 1945, to **July 12**, 1945;  
that I last saw him alive on **July 12**, 1945;  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

Immediate cause of death **Coronary Embolism**

Duration **4 hrs**

6. (b) Name of husband or wife **Lillie Wardlow**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **February 5, 1882**  
(Month) (Day) (Year)

Due to **Myocardial Heart Disease**

Due to \_\_\_\_\_

8. AGE: Years **63** Months **5** Days **7**  
If less than one day hr. min.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **Henry County, Missouri**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations **none**

Of autopsy **none**

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

12. Name **Morgan Stickrod**

13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Alveta Blacker**

15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. O.C. Stickrod**

(b) Address **Windsor, Missouri**

17. (a) **burial** (b) Date thereof **July 14, '45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Mo.**

18. (a) Signature of funeral director **Huston Turner**

(b) Address **Windsor, Mo.**

19. (a) **Sept 16-45** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature **J.A. Blackmore** (M. D. or other) **J.A.**

Address **Windsor, Mo.** Date signed **7-14-45**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1452

RECORDED

DI

DI

Date

Case No. 7,

9-40-1023

10-19-45-

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Edell Kuster

Licensed Embalmer No. 3391

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.**