

FEDERAL SECURITY AGENCY

National Office of Vital Statistics  
FILED DEC 4 1947

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

388826  
State File No. \_\_\_\_\_

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

Primary Registration District No. 5667

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Rural  
(c) Name of hospital or institution: 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 35 yr.

3. (a) PRINT FULL NAME HENRY ROFF BICKEL

3. (b) If veteran, name war None 3. (c) Social Security No. None

5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 29 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lincoln County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Gilbert Bickel  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Ann Craig  
15. Birthplace Lincoln County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Schreder  
(b) Address Tracy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-47  
(Month) (Day) (Year)  
(c) Place: burial or cremation Alexander Lem

18. (a) Signature of funeral director Wayne Mc Coy  
(b) Address Tracy Mo.

19. (a) 11-26-1947 (Date received local registrar) (b) Emma Riddle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1947 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from May, 1947, to Nov 20, 1947.  
that I last saw him alive on Nov 20, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of  
Prostate  
Due to with metastasis

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy: 51B

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? \_\_\_\_\_ (Specify type of place) 22

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature Dr. V. E. Allshouse (M. D. or other) MD.  
Address Tracy, Mo. Date signed 12/2/47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 12-3-47

### 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.....

*Wayne Mc Coy*

Licensed Embalmer No. *3586*

P. O. Address.....

*Jay 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.