

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **22885**

FILED AUG 2 1948

Registration District No. **128**Primary Registration District No. **2000**Registrar's No. **636**

## 1. PLACE OF DEATH:

(a) County **Greene**  
 (b) City or town **Springfield**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **2020 N. Freemont** /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: **56 years** (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

**Effie Mae Wicks**

## 3. (b) If veteran,

**None**

## 3. (c) Social Security No.

**None**

name war.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Frank Wicks** 6. (c) Age of husband or wife if alive **62** years  
 7. Birth date of deceased **August 16, 1891**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56** **11** **14** hr. min.

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

10. Usual occupation **House Wife**11. Industry or business **At home**

MOTHER FATHER  
 12. Name **Fred Miller**  
 13. Birthplace **Webster Co. Mo.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Theodosia Fitch**  
 15. Birthplace **Webster Co. Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Frank A. Wicks**  
 (b) Address **Springfield Mo.**

17. (a) **Burial** (b) Date thereof **8-1-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GREENLAWN**

18. (a) Signature of funeral director **Juklingner & Co.**  
 (b) Address **Springfield Mo.**

19. (a) **7-31-48** (b) **W. E. Handley**  
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene** **39**  
 (c) City or town **Springfield** **7**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **2020 N. Freemont** **6**  
 (If rural, give location) **0**  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30**  
 year **1948** hour **12** minute **05 A.** M.

21. I hereby certify that I attended the deceased from **Nov '46**  
 , 19 , to **30 July** , 19 **48**  
 that I last saw her alive on **30 July 1948**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Extensive pulmonary effusion, acute**  
 Duration

Due to **Breast malignancy with metastases** ✓

Due to

Other conditions (Include pregnancy within 3 months of death) **no**

Major findings: Of operations **none**

Of autopsy **none**

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

(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)

While at work? (c) Means of injury

23. Signature **Handley** (M. D. or other)  
 Address **1630 N. Jefferson** Date signed **30 July 48**  
**Springfield, Mo.**

## PHYSICIAN

Underline the cause of which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

SEP 1 1948

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..... *Ogdi Slone Jr.*.....  
Licensed Embalmer No..... *4126*.....  
P. O. Address..... *Springfield*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Aug  
Registrar's No. 636

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH: Greene Springfield

(a) County.....  
 (b) City or town.....  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community..... years, months or days)

3. (a) PRINT FULL NAME Effie M. Wicks

3. (b) If veteran, name war..... 3. (c) Social Security No.....

5. Color or race..... W

6. (a) Single, widowed, married, divorced..... M

4. Sex I

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Aug 16 (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days..... (if less than one day) hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 30  
 year 1948 12:30 minute A M.

21. I hereby certify that I attended the deceased from Nov 14 1946  
 to July 30 1948  
 that I last saw her alive on 30 July 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Extensive pleural effusion

Due to Malignancy - breast & bilateral lung involvement

Due to.....

Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations..... 50

Of autopsy.....

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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 James E. Knabb (M. D. or other)

Address 1630 N. Jefferson Date signed Aug 4 1948

SUPPLEMENT

S 22885