

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13398

BIRTH NO.		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5976		Registrar's No. 58	
1. PLACE OF DEATH a. COUNTY Polk 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk 80			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Township		c. LENGTH OF STAY (in this place) 63 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Walnut Grove Mo. Ra				d. STREET ADDRESS (If rural, give location) Walnut Grove Mo.			
3. NAME OF DECEASED (Type or Print) Wiklard			a. (First) Wiklard		b. (Middle) Arthur		c. (Last) Mahicoat
4. DATE OF DEATH		Month		Day		Year	
		April		12		1949	
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH January - 26 - 1886		9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months 2	11. UNDER 24 HRS. Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & School Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY stock & grain		11. BIRTHPLACE (State or foreign country) Polk County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert Mahicoat		13b. MOTHER'S MAIDEN NAME Elmira Davidson		14. NAME OF HUSBAND OR WIFE Cora Neil Mahicoat			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Not available		17. INFORMANT'S SIGNATURE OR NAME Address Cora Mahicoat, Walnut Grove Mo. Ra 3			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 5-26/minute
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		H201					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 6 - 1949, to April 12 - 1949, that I last saw the deceased alive on April 12, 1949, and that death occurred at 3:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE W. Barber M.D. (Degree or title)				23b. ADDRESS Walnut Grove Mo		23c. DATE SIGNED 4-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April - 14 - 1949	24c. NAME OF CEMETERY OR CREMATORY Pheasant Ridge Cemetery		24d. LOCATION (City, town, or county): (State) Near Aldrich. MO		
DATE REC'D BY LOCAL REG. 9/14/1949		REGISTRAR'S SIGNATURE Ralph Gorden		25. FUNERAL DIRECTOR'S SIGNATURE Gene A. Baird		ADDRESS Walnut Grove	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 4-49-476

Date Filed 5-2-49

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.

Signed _____

James R. Phillips

Signed _____

Student Embalmer

Licensed Embalmer No. 4641

P. O. Address Walnut Grove, 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.