

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED APR 10 1950

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5436 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Boulware Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boulware Twp.</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Owensville, Mo. Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville, Route 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>	b. (Middle) <u>William</u>	c. (Last) <u>Bicker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 8, 1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>**</u>	11. BIRTHPLACE (State or foreign country) <u>Drake, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wilhelm Bicker</u>	13b. MOTHER'S MAIDEN NAME <u>Henriette Geller</u>	14. NAME OF HUSBAND OR WIFE <u>Lizzie Reed Bicker</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>**</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lizzie Bicker</u>	ADDRESS <u>Owensville, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbidity 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. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-22, 1950 to 3-22, 1950 that I last saw the deceased alive on 3-22, 1950 and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Pava Brenner M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>3-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-26-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zoar M.E. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Drake, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-25-50</u>	REGISTRAR'S SIGNATURE <u>W. Mandeville</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. White</u>	ADDRESS <u>OWENSVILLE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number
District Health Officer No. 9
RECEIVED APR 6 1950

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 Me

Student Embalmer No.

working under my personal supervision.

Signed Melford H. Winters

Signed
Student Embalmer

Licensed Embalmer No. 3825

P. O. Address Overbrook, Pa.

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.