

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19115

050
4

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

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6183</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Milan</u>		c. LENGTH OF STAY (In this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harris Mo. 1250</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Co. Rest Home</u>							
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Wickman</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>5 12 - 50</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>10-22-88</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Higbee - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>us</u>	
13a. FATHER'S NAME <u>John Wickman</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret</u>		14. NAME OF HUSBAND OR WIFE <u>Never married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>R.H. Propper</u>		ADDRESS <u>Harris - Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unspecified heart disease</u>				<u>?</u>	
		DUE TO (c) _____				<u>4343</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition-rectal procydentia</u>				<u>2yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>12-13, 1948</u> , to <u>5-12, 1950</u> , that I last saw the deceased alive on <u>4/27, 19</u> , and that death occurred at <u>4:55</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph E. Propper</u>				23b. ADDRESS <u>P.O. Box 82, Milan, Mo.</u>		23c. DATE SIGNED <u>5-16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		
DATE REC'D BY LOCAL REG. <u>May. 18-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schweines</u>		ADDRESS <u>Augusta Rehome Milan Mo</u>	

RECEIVED MAY 22 1950
District Health Officer No. 10
District File Number 5-50-86
Date Filed

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.

Student
Student Embalmer

Signed

Daught Schaer

Licensed Embalmer No. 2667

P. O. Address *Milwaukee 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.