No. 300
10-48

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22863

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 802

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 0117
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none	d. STREET ADDRESS (If rural, give location) 1219 So. 10th St,

3. NAME OF DECEASED (Type or Print)	a. (First) Fred	b. (Middle) Wickizer	c. (Last) ~~Wickizer~~	4. DATE OF DEATH (Month) July (Day) 4 (Year) 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 13, 1877	9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 10 Days 21 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Grain Buyer	10b. KIND OF BUSINESS OR INDUSTRY Grain Buyer	11. BIRTHPLACE (State or foreign country) Jamesport Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Wickizer	13b. MOTHER'S MAIDEN NAME Mollie ? ??	14. NAME OF HUSBAND OR WIFE Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Spanish Am. War	16. SOCIAL SECURITY NO. 487_14-9626	17. INFORMANT'S SIGNATURE OR NAME Mrs. C.A. Downey, Daughter	ADDRESS Jamespor	

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Acute Coronary Thrombosis	1 day.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) Man died in his bed	
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	in his room, apparently while asleep. He had	4 [illegible]

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Complained of not feeling well but had not been seriously ill or disabled	20. AUTOPSY? YES ☐ NO ☒
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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on 7/4, 1950, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 8:30 A m., from the causes and on the date stated above.*

23a. SIGNATURE H F Mundy MD (Coroner) (Degree or title)	23b. ADDRESS St Joseph, Mo.	23c. DATE SIGNED 7/4/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/6/50	24c. NAME OF CEMETERY OR CREMATORY IooF Cemetery
24d. LOCATION (City, town, or county) Jamesport (State) Mo.		
DATE REC'D BY LOCAL REG. 7-8-50	REGISTRAR'S SIGNATURE G. C. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE ~~Richardorsen~~ Richardson Funeral Home ADDRESS Jamesport

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 16 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, ~~only~~ .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Grandal R. Stabe

Licensed Embalmer No. 4644

P. O. Address St Joseph 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.