.S. No. 300
EV. 10-48

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26449

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4163 Registrar's No. 62

0310

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

1. PLACE OF DEATH
a. COUNTY: DAVIESS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JAMESPORT
c. LENGTH OF STAY (in this place): 68
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: DAVIESS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JAMESPORT 0310
d. STREET ADDRESS (If rural, give location): _____ 0

3. NAME OF DECEASED (Type or Print)
a. (First): HARLEY
b. (Middle): ROBERT
c. (Last): WICKIZER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 13 1950

5. SEX: M 0
6. COLOR OR RACE: WH
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): 1
8. DATE OF BIRTH: SEPT. 4 1881
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months 9 Days 9
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): DAVIESS COUNTY MO
12. CITIZEN OF WHAT COUNTRY?: AM.

13a. FATHER'S NAME: SAMUEL WICKIZER
13b. MOTHER'S MAIDEN NAME: PERMELIA GOTT
14. NAME OF ~~HUSBAND~~ OR WIFE: LAURA WICKIZER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: X Laura Wickizer
ADDRESS: Jamesport, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Lungs — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Do not know

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 163X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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 the deceased from* Jan 1st, 1950; *to* June 13th 1950, *that I last saw the deceased alive on* June 10th, 1950, *and that death occurred at* 8:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oliver F. Duffy MD
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: June 15th 1950

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): 1
24b. DATE: June 15, 1950
24c. NAME OF CEMETERY OR CREMATORY: MASONIC
24d. LOCATION (City, town, or county) (State): Jamesport, MO.

DATE REC'D BY LOCAL REG.: 20 June 1950
REGISTRAR'S SIGNATURE: Virginia M. Engelhart 81
25. FUNERAL DIRECTOR'S SIGNATURE: Rollin Richardson
ADDRESS: Jamesport, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 1 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Robert L. Richardson

Licensed Embalmer No. 4715

P. O. Address Jamesport, 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.