

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27171

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3341			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 28 YEARS		c. CITY (If outside, corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 2437 EDMWOOD AVENUE			
3. NAME OF DECEASED (Type or Print) MARY ALVARIE WICKHAM				4. DATE OF DEATH AUGUST-3-1950					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY-13-1866			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) LURAY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME BENJAMIN E. WOODBON		13b. MOTHER'S MAIDEN NAME SARAH WELLS		14. NAME OF HUSBAND OR WIFE JACOB A. WICKHAM					
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. None		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. NINA LETA TUCKER 2437 EDMWOOD KANSAS CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusive Disease				ANTECEDENT CAUSES				6 months	
DUE TO (b) Cardiac Decompensation				DUE TO (c) Generalized Atherosclerosis				?	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				4201	
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) (Minute)		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 5-13, 1950, to 8-2, 1950, that I last saw the deceased alive on 6-26, 1950 and that death occurred at 12:15 A.M., from the causes and on the date stated above.									
23a. SIGNATURE J.M. Haight MD (Degree or title)				23b. ADDRESS 3401 E 12th KC, Mo		23c. DATE SIGNED 8-3-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-5-1950		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 8-4-50		REGISTRAR'S SIGNATURE (Geraldine) Valmeier		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS P.W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO.					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed John E. Fraking

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.