S. No. 300
Rev. 10.48

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23580

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 563 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Clay Twns.
c. LENGTH OF STAY (In this place) 60 Yrs
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 Missouri
b. COUNTY Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Clay Twns. 0544
d. STREET ADDRESS (If rural, give location) 4 Mi. NW of Odessa 0

3. NAME OF DECEASED (Type or Print)
a. (First) Rolley
b. (Middle) R.
c. (Last) Wickuler

4. DATE OF DEATH (Month) (Day) (Year) July 28, 1951

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 14, 1875
9. AGE (In years last birthday) 75 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gus Wickuler
13b. MOTHER'S MAIDEN NAME Bessie Litchfield
14. NAME OF HUSBAND OR WIFE Ella Wickuler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella Wickuler, Odessa, Mo. ADDRESS

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular Hypertension — Approx 5 yrs
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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* July 26, 1951, *to* July 28, 1951, *that I last saw the deceased alive on* July 28, 1951, *and that death occurred at* 9:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE E. F. Slaughter DO (Degree or title)
23b. ADDRESS Odessa Mo
23c. DATE SIGNED 7-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 30, 1951
24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery
24d. LOCATION (City, town, or county) (State) Odessa, Mo.

DATE REC'D BY LOCAL REG. 7-28-51
REGISTRAR'S SIGNATURE Emma Davidson 453
25. FUNERAL DIRECTOR'S SIGNATURE Hussman-Sparks ADDRESS Odessa, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-3-51

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.

Signed Irving L. Husman

Signed _____
Student Embalmer

Licensed Embalmer No. 7541

P. O. Address Odessa Md.

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.