

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37992

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 5655 Registrar's No. 122

# 05514

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Lawrence  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Lawrence |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Mt. Vernon, Rural                                |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Mt. Vernon, Mo., R.F.D.                        |  |
| c. LENGTH OF STAY (In this place)<br>13 mths.  |  | d. STREET ADDRESS (If rural, give location)<br>R.F.D. 05514  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION Rigsby Rest Home |  |  |  |

|   |                    |                   |   |
|---|--------------------|-------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) William | b. (Middle) Robert | c. (Last) Hicklin | 4. DATE OF DEATH (Month) (Day) (Year)<br>Nov. 8, 1951 |
|---|--------------------|-------------------|---|

|  |  |  |                                   |   |
|--|--|--|-----------------------------------|---|
| 5. SEX male 0  | 6. COLOR OR RACE White                 | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2 | 8. DATE OF BIRTH January 10, 1876 | 9. AGE (In years) (Month) (Day) (Hour) (Min.) 75 9 28 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (State or foreign country) Missouri               | 12. CITIZEN OF WHAT COUNTRY? USA  |   |

|                                    |   |   |
|------------------------------------|---|---|
| 13a. FATHER'S NAME William Hicklin | 13b. MOTHER'S MAIDEN NAME Lucinda Stogsdill | 14. NAME OF HUSBAND OR WIFE Pearl K. Wicklin (dec'd.) |
|------------------------------------|---|---|

|  |                                     |  |         |
|--|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. 500-09-3430 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Liddia Watterson, Mt. Vernon, Mo. | ADDRESS |
|--|-------------------------------------|--|---------|

|   |  |                  |   |
|---|--|------------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>4 mths. |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of foot & circulatory impairment |                  |   |
|   | ANTECEDENT CAUSES ment   |                  |   |
| DUE TO (b) _____  |  | DUE TO (c) _____ |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |                  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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 9-15-1951, to 11-8-1951, that I last saw the deceased alive on 10-25-1951, and that death occurred at 6:44 a.m., from the causes and on the date stated above.

|  |                               |                          |
|--|-------------------------------|--------------------------|
| 23a. SIGNATURE W.S. Beveridge M.D. (Degree or title) | 23b. ADDRESS Miller, Missouri | 23c. DATE SIGNED 11-9-51 |
|--|-------------------------------|--------------------------|

|  |                     |   |  |
|--|---------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0 | 24b. DATE Nov 11-51 | 24c. NAME OF CEMETERY OR CREMATORY Zion S.E. Mt. Vernon | 24d. LOCATION (City, town, or county) (State) 3 1/2 mi. S.E. Mt. Vernon, Mo. |
|--|---------------------|---|--|

|                                   |                                       |   |                       |
|-----------------------------------|---------------------------------------|---|-----------------------|
| DATE REC'D BY LOCAL REG. 11-11-51 | REGISTRAR'S SIGNATURE Cecil Hendricks | 25. FUNERAL DIRECTOR'S SIGNATURE George B. Owen | ADDRESS Mt. Vernon Mo |
|-----------------------------------|---------------------------------------|---|-----------------------|

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH

Dist. No. 5 - Springfield

RECEIVED NOV 16 1955

Dist. File 1157-2035

Date Filed 11-16-55

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 George B Orr

Licensed Embalmer No. 946

P. O. Address MK Vernon Me

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.