

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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FILED JAN 3 1952

BIRTH NO.		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>587</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. Indicate institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		<u>8-5-51</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>123 MAIN ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WYVONIA</u>			b. (Middle) <u>VICKERS</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>12 20 51</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>8-5-1927</u>	
9. AGE (In years last birthday) <u>24</u>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 11 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WALDRESS</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CAFE</u>		11. BIRTHPLACE (State or foreign country) <u>NOEL MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JOHN H VICKERS</u>			13b. MOTHER'S MAIDEN NAME <u>JESSIE BEACH</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey E Williams</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Alcoholism</u>				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <u>3 2 2 1</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Dec. 20, 1951</u> to <u>Dec 20, 1951</u> , that I last saw the deceased alive on <u>Dec. 20, 1951</u> , and that death occurred at <u>8:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles E. Coates MD</u>				23b. ADDRESS <u>Joplin Mo</u>		23c. DATE SIGNED <u>12-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NOEL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NOEL MO</u>	
DATE REC'D BY LOCAL REG. <u>12-27-51</u>		REGISTRAR'S SIGNATURE <u>Ed S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ARTHUR L BUD GLOVER</u>			
				ADDRESS <u>MORT</u>			

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

Williams

RECEIVED 12-31-51

Jasper County Health Office

County File Number 51/12/990

Date Filed 12-31-51

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 _____

Bob Boyer

working under my personal supervision.

Student Embalmer No. 430

Signed *Robert J. Boyer*
Student Embalmer

Signed *Dale Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin 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.