No. 300
10.48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8197

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Plains Mo.
c. LENGTH OF STAY (in this place) —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Christa Hogan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain View Mo.
d. STREET ADDRESS (If rural, give location) Rural 0460

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) A c. (Last) McVicker

4. DATE OF DEATH (Month) (Day) (Year) Jan 21 - 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 21-1903
9. AGE (In years last birthday) 48 IF UNDER 1 YEAR Months 1 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Milling
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (City and State or Foreign Country) ✓ 9
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME John McVicker
13b. MOTHER'S MAIDEN NAME Clara Brown
14. NAME OF HUSBAND OR WIFE Ruth McVicker

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 Ruth McVicker ADDRESS Mtn View 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) Skull Fracture - Compound

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture Left Ankle and
DUE TO (c) Multiple Body Bruises

INTERVAL BETWEEN ONSET AND DEATH: 30 MIN.

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 E8100-27
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street - RR Crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) West Plains - Howell - Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 21. 1952 3:15 p m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck He was Driving Hit By R.R. Train

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Pallice Grant R.M.D. - Coroner
23b. ADDRESS Howell Co West Plains, Mo.
23c. DATE SIGNED 18-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 25-52
24c. NAME OF CEMETERY OR CREMATORY Montier Cem
24d. LOCATION (City, town, or county) (State) Montier Mo.

DATE REC'D BY LOCAL REG. 3-18-52
REGISTRAR'S SIGNATURE Beatrice Cook 379-1
25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home ADDRESS McVicker 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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 343

P. O. Address West Plains

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.