

FILED MAR 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **915b**

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **12**

0671
1

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Missi.	
b. CITY OR TOWN East Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East Prairie	
c. LENGTH OF STAY (In this place) 28 yrs		d. STREET ADDRESS (If rural, give location) 0671	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) WILLIAM THOMAS BICKERSTAFF			4. DATE OF DEATH (Month) (Day) (Year) March 17, 1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 8, 1887	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 9 Days 9	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener	10b. KIND OF BUSINESS OR INDUSTRY yard work	11. BIRTHPLACE (City and State or Foreign Country) Ripley, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Annie Bickerstaff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk	16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME Toke Garrett - East Prairie, Mo.	ADDRESS East Prairie, Mo.
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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, asthma, 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) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2/21, 1952**, to **3/17, 1952** that I last saw the deceased alive on **3/17, 1952** and that death occurred at **3:10 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. J. Martin M.D.	23b. ADDRESS East Prairie Mo	23c. DATE SIGNED 3/18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-1952	24c. NAME OF CEMETERY OR CREMATORY W-O-W Cemetery East Prairie, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 3-26-52	REGISTRAR'S SIGNATURE Certude G. Harper	25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby East Prairie, Mo	ADDRESS
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MAR 28 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 28 1952

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.