

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9398

State File No. ....

LED MAR 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>1800</b> OR TOWN <b>RURAL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>RFD #5, SEDALIA</b>		d. STREET ADDRESS (If rural, give location) <b>RFD #5, SEDALIA, MO.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WYATT</b> b. (Middle) <b>AUGUSTUS</b> c. (Last) <b>VICKREY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 16, 1952</b>	
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 11, 1868</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 1 DAY Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RETIRED)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM VICKREY</b>	13b. MOTHER'S MAIDEN NAME <b>STEPHENS</b>	14. NAME OF HUSBAND OR WIFE <b>ANNIE E. VICKREY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ORVILLE VICKREY, SEDALIA, MO.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>  <b>10 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>senility</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 March, 1949, to March, 1952, that I last saw the deceased alive on Dec. 16, 1952, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. Maunders</b>	23b. ADDRESS <b>RD. 21 Sedalia, Mo.</b>	23c. DATE SIGNED <b>3/18/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR. 18, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>SEDALIA, MO.</b>
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DATE REC'D BY LOCAL REG. <b>3/18/1952</b>	REGISTRAR'S SIGNATURE <b>R. Campbell M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Eckhart</b>	ADDRESS <b>Sedalia, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
GILLESPIE FUNERAL HOME

8001

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

*Russell C. Maag*

Licensed Embalmer No. *4807*

P. O. Address *Sedalia, 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.

STATE OF MISSOURI