No. 300
10.48

FILED APR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12475

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4162 Registrar's No. 28

310
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1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY OR TOWN Lock Springs (If outside corporate limits, write RURAL and give township)
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)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Daviess
c. CITY OR TOWN Jamesport (If outside corporate limits, write RURAL and give township) 0310
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) LARKIN
b. (Middle) FLESHMAN
c. (Last) WICKIZER

4. DATE OF DEATH (Month) Apr. (Day) 15 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Apr. 19-1869
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months 11, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andrew Wickizer
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Virginia Lee Stapp

15. WAS DESCEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Ralph Wickizer **ADDRESS** Lock Springs 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) Cancer of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Rectale — 2 yr.
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 177X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1951, *to* April 15, 1952, *that I last saw the deceased alive on* Apr 15, 1952, *and that death occurred at* 11 50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE J. B. Ray (Degree or title) DO
23b. ADDRESS Jamesport, Mo
23c. DATE SIGNED 4-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 17-1952
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
24d. LOCATION (City, town, or county) (State) Jamesport Mo

DATE REC'D BY LOCAL REG. 17 Apr. 1952
REGISTRAR'S SIGNATURE Virginia M Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE O. L. Robertson Funeral Home **ADDRESS** Jamesport 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed R. L. Roberson

Signed.....
Student Embalmer

Licensed Embalmer No. 3244

P. O. Address Farmington 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.