

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19548

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 598

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 43 years		d. STREET ADDRESS (If rural, give location) 1414 S. 27th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1414 S. 27th St.			

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) A.	c. (Last) Wickam	4. DATE OF DEATH (Month) (Day) (Year) June 4, 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 4, 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. clerk	10b. KIND OF BUSINESS OR INDUSTRY railway postal	11. BIRTHPLACE (State or foreign country) Queen City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Gamaliel Wickam	13b. MOTHER'S MAIDEN NAME Adaline Foglesong	14. NAME OF HUSBAND OR WIFE Edna C. Wickam
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Wickam	ADDRESS 1414 S. 27th St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH Several years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterial aneurysm & thrombosed atherosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **2-6**, 19**49**, to **6-4**, 19**52**, that I last saw the deceased alive on **10-1**, 19**51** and that death occurred at **5:50 a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lusa M. J...	23b. ADDRESS 902 Edwin St. Joseph, Mo.	23c. DATE SIGNED 6-4-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/7/1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. June 12, 1952	REGISTRAR'S SIGNATURE Carl B. Castel JR	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home St. Joseph	ADDRESS St. Joseph
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

17

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 *James P. Hawkins*.....

Licensed Embalmer No. 4536.....

P. O. Address 319 South 10th St. Joplin.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Buchanan ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 598

On this 16 day of June, 1953, before me appears
Mrs Charles A Wickham, who, upon her oath, states that the original record of ~~birth~~ death
for Charles A Wickham ^{died} June 4, 1952, in the State of
Missouri, and which was filed at St. Joseph on June 12, 1952 should be corrected as follows:

Item No. should read

Instead of

Item No. 134 should read Adaline Foglesong

Instead of Adaline Foglesong

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Charles A Wickham wife
Relationship wife

Present Address.

Subscribed and sworn to before me this 16 day of June, 1952

My Commission expires My Commission Expires June 21, 1955 Dorene Richard Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-19548