

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20234

BIRTH NO. _____		REG. DIST. NO. <u>134</u>		PRIMARY REG. DIST. NO. <u>4208</u>		Registrar's No. <u>12</u>																	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Harrison 0410</u>															
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cainsville</u>		c. LENGTH OF STAY (in this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cainsville,</u>																			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)																			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Perle Otis Wickersham</u>			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1952</u>											
5. SEX <u>Male O</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married /</u>		8. DATE OF BIRTH <u>March 12 1878</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 10 MIN. Hours		Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Operator</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Harrison Co., Missouri!</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>											
13a. FATHER'S NAME <u>Lewis M. Wickersham</u>				13b. MOTHER'S MAIDEN NAME <u>Susan Woodward</u>				14. NAME OF HUSBAND OR WIFE <u>Stella Wickersham</u>															
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Stella Wickersham</u>				ADDRESS <u>Cainsville, Mo.</u>											
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertensive Heart Disease</u> <u>5 years</u> DUE TO (c) <u>Chronic nephritis, pyelitis</u> <u>15 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> <u>1 year</u>								19. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>592X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Minute)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?															
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>51</u> , to <u>May 28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 27</u> , 19 <u>52</u> , and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above.																							
23a. SIGNATURE (Degree or title) <u>Alfred C. Taff D. O. 2</u>				23b. ADDRESS <u>Cainsville, Mo.</u>				23c. DATE SIGNED <u>5/29/52</u>															
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>May 31 1952</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Zoar Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Cainsville, Mo.</u>											
DATE REC'D BY LOCAL REG. <u>June 23 1952</u>				REGISTRAR'S SIGNATURE <u>S. O. Shaw</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>				ADDRESS <u>Cainsville, M.</u>											

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1959

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, W.H.

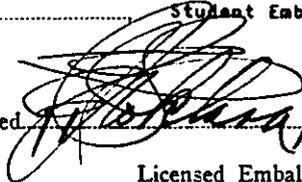
Eddie J. Stokle se

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.