

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36149**
Registrar's No. **4959**

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH
a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **KANSAS** b. COUNTY **SHAWNEE**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY 5 days**

c. CITY OR TOWN **TOPEKA**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. JOSEPH HOSPITAL**

e. STREET ADDRESS (If rural, give location) **1939 OAKLEY 8150 8**

3. NAME OF DECEASED (Type or Print)
a. (First) **MATILDA** b. (Middle) **J. C.** c. (Last) **Wickstrom**

4. DATE OF DEATH (Month) (Day) (Year) **OCTOBER 13 1953**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED 2**

8. DATE OF BIRTH **JAN. 29. 1880**

9. AGE (In years last birthday) **73**
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AT HOME**

10b. KIND OF BUSINESS OR INDUSTRY **---**

11. BIRTHPLACE (City and State or Foreign Country) **SWEDEN**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **CHARLES CARLSON**

13b. MOTHER'S MAIDEN NAME **HELENA J. JACOBSON**

14. NAME OF HUSBAND OR WIFE **ALFRED WICKSTROM**

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. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **C. A. WICKSTROM LAKE LOTAWANA LRES 52 MAIL NO**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma stomach**
ANTECEDENT CAUSES
DUE TO (b) **with metastases to liver (generalized in peritoneal cavity)**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
15 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 **10-11, 1953**, to **10-13, 1953**, that I last saw the deceased alive on **10-13, 1953** and that death occurred at **8:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Vincent Williams (Degree or title) **Vincent Williams M.D.**

23b. ADDRESS **Prof. Bldg.**

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **OCT. 15. 1953**

24c. NAME OF CEMETERY OR CREMATORY **ELMWOOD CEMETERY**

24d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

DATE REC'D BY LOCAL REG. **10-15-53**

REGISTRAR'S SIGNATURE **Seraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **D. H. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY MO.**

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

vi 9581

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
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.