

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4326**

BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **16**

60005

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

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Liberty		c. LENGTH OF STAY (in this place) 4 da.	
c. CITY (If outside corporate limits, write RURAL and give township) Liberty		d. STREET ADDRESS (If rural, give location) 6001	
d. FULL NAME OF HOSPITAL OR INSTITUTION L.O.O. Hospital		d. STREET ADDRESS (If rural, give location) 402 N. Wightman	
3. NAME OF DECEASED (Type or Print) a. (First) RALPH		b. (Middle) W.	
c. (Last) WIKOFF		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21-54	
5. SEX male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 11-1872
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR: Months 0 Days 10	
11. BIRTHPLACE (City and State or Foreign Country) Hamburg Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME A.H. Wikoff		13b. MOTHER'S MAIDEN NAME Ella or Donnell	
14. NAME OF HUSBAND OR WIFE Mari-Anna Wikoff		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mari-Anna Wikoff ADDRESS Liberty Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis & Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 day	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) arteriosclerosis	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 Feb 17, 1954 to Feb 21, 1954 , that I last saw the deceased alive on Feb 20, 1954 , and that death occurred at 9 A m., from the causes and on the date stated above.	
23a. SIGNATURE Wmuff Goodson MD (Degree or title)		23b. ADDRESS Liberty Mo	
23c. DATE SIGNED 2/21/54		23d. (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Interment		24b. DATE Feb-23-54	
24c. NAME OF CEMETERY OR CREMATORY Newberry Crematory St. S.		24d. LOCATION (City, town, or county) Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE Mabel Strahem ADDRESS 491		25. FUNERAL DIRECTOR'S SIGNATURE Punch-O-Reel ADDRESS Liberty Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 Harold G. Smith

Licensed Embalmer No. 7525

P. O. Address Liberty 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.