No. 300
10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9290

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon, Mo.
c. LENGTH OF STAY (in this place): 311 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. State Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell 0460
c. CITY OR TOWN: Bakersfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ /
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Rufus
b. (Middle): O.
c. (Last): Wicker

4. DATE OF DEATH (Month): March (Day): 16 (Year): 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: May 17, 1919
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fredrick O. Wicker
13b. MOTHER'S MAIDEN NAME: Della Hardcastle
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 493-16-6893
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: San. records, Mo. State San., Mt. Vernon, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest with cerebral anoxia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* pulmonary tuberculosis — undetermined abt. 18 yrs.
Bilateral bronchiectasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4343-A
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* 5-9- *, 1953, to* 3-16- *, 1954, that I last saw the deceased alive on* 3-16 *, 1954, and that death occurred at* 10:10 pm. *, from the causes and on the date stated above.*

23a. SIGNATURE C. A. Brusku M.D. (Degree or title)
23b. ADDRESS: Mt. Vernon, Mo.
23c. DATE SIGNED: 3-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-16-54
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): West Plains, Mo.

DATE REC'D BY LOCAL REG.: 3-17-54
REGISTRAR'S SIGNATURE: Earl Hendricks 411 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R. D. Gooch Funeral Home Mt. Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...220...

P. O. Address Mt. Vernon,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.