

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36822

FILED DEC 14 1954

State File No. _____
Registrar's No. 63

0230

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5288

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Wyaconda Mo</u>		c. CITY OR TOWN <u>Wyaconda Mo</u>	
c. LENGTH OF STAY (in this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		0230	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilford</u> b. (Middle) _____ c. (Last) <u>Prickett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-54</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>aug 26 - 1886</u>
9. AGE (in years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee Wyaconda Telephone Co</u>	11. BIRTHPLACE (State or foreign country) <u>Clark Co Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Prickett</u>	
13b. MOTHER'S MAIDEN NAME <u>Georgiana Sherwood</u>		14. NAME OF HUSBAND OR WIFE <u>Sadie Walker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>492-10-6510A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Madeline Prickett</u>		ADDRESS <u>Kansas City 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>Heart Block</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Pneumonia</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4330</u>	
20. AUTOPSY? YES <input 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 <u>Nov 10, 1954</u> , to <u>Nov 30, 1954</u> , that I last saw the deceased alive on <u>Nov 29, 1954</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>B. F. Hutchinson M.D.</u>		23b. ADDRESS <u>Memphis, Mo</u>	
23c. DATE SIGNED <u>12-2-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-2-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wyaconda Clark Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/4-54</u>		REGISTRAR'S SIGNATURE <u>M. Bridgman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Karle</u>		ADDRESS <u>Chicago</u>	

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kubota 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.