

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35523

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1024

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1115 E. Division</b>		Length of stay in 1b <b>76 Yrs.</b>	d. STREET ADDRESS <b>1115 E. Division</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>WARREN</b> Middle <b>H.</b> Last <b>WICKERSHAM</b>			4. DATE OF DEATH Month <b>October</b> Day <b>21</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>31 March 1876</b>	9. AGE (In years last birthday) <b>81</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Wickersham</b>		13b. MOTHER'S MAIDEN NAME <b>Hanna Human</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>Beatrice Pike Springfield Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Probably Coronary Occlusion</i>					INTERVAL BETWEEN ONSET AND DEATH <i>few hours</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>UNATTENDED BY A PHYSICIAN</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. <del>Attended the deceased from</del> _____ and last saw <del>her</del> him alive on _____ Death occurred at <b>1:30 A.M.</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22. SIGNATURE <i>James R. Cross, M.D.</i>			22b. ADDRESS <b>Greene County Court House Springfield, Missouri</b>		22c. DATE SIGNED <b>10/21/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-23-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>		
24. FUNERAL DIRECTOR <i>J.W. Klingner &amp; Co.</i>		ADDRESS <b>Spgrd. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-21-57</b>	26. REGISTRAR'S SIGNATURE <i>Ernie Williams</i>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Greene	Springfield	Missouri	Springfield
Male	White	81	Miss E. Division
Former	Retired	Ohio	October 21, 1957
John	James	USA	
No	No	Springfield	

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 *Ogden Slone, Jr.*

Licensed Embalmer No. *4176*  
P. O. Address *Springfield*

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.