Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026105

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 166 Primary Registration District No. 5603 Registrar's No. 19.

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Grover — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 9 Mi South Concordia, Mo — Length of stay in 1b 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Knobnoster 6510 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 9 Mi South of Concordia, Mo — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Peter Middle J. C. Last Wilckens

4. DATE OF DEATH Month July Day 31 Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 1, 1907
9. AGE (In years last birthday) 51 — 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Gen Farm
11. BIRTHPLACE (City and state or country) Ernestville Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Wilckens
13b. MOTHER'S MAIDEN NAME Rosa Tebbenkamp
14. NAME OF ~~HUSBAND~~ OR WIFE Velma Wilckens

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.
17. INFORMANT Velma Wilckens Address Knobnoster Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension
DUE TO (c) —
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) — 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Knobnoster COUNTY Johnson STATE Mo.

21. I attended the deceased from July 1, 1958 to July 31, 58 and last saw ~~her~~ him alive on July 31, 1958
Death occurred at Neighbors, Wilsea, farm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edmund Lissack, M.D. 0
22b. ADDRESS Concordia, Mo.
22c. DATE SIGNED 8/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 3, 1958
23c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran
23d. LOCATION (City, town, or county) Johnson County (State) Mo

24. FUNERAL DIRECTOR E. S. James ADDRESS Concordia, Mo
25. DATE RECD. BY LOCAL REG. Aug 3-58
26. REGISTRAR'S SIGNATURE Erma L. Beatty

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, M

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.