URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010119

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. — Registrar's No. 199

ENDED

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff — Length of stay in 1b 3 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route # 4 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route # 4 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EARL Middle ALUNEE Last WICKS

4. DATE OF DEATH Month March Day 10, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-6-1904
9. AGE (last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY - - - - - - - -
11. BIRTHPLACE (City and state or country) Piott, Illinois
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Elmer Wicks
13b. MOTHER'S MAIDEN NAME Lela Smith
14. NAME OF HUSBAND OR WIFE Blanche Wagner Wicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Blanche Wicks Poplar Bluff, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) asphyxiation — INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) cardiac failure
DUE TO (c) Coronary occlusion

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 COUNTY STATE

21. I attended the deceased from Jan '59, to 3-10-60 and last saw her/him alive on 3-10-60
Death occurred at 12:25 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. F. Priest D. O.
22b. ADDRESS Poplar Bluff, Missouri
22c. DATE SIGNED 3-19-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-11-60
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch Funeral Home Poplar Bluff, Missouri
25. DATE RECD. BY LOCAL REG. 3/27/60
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Philip J. Cassent

Licensed Embalmer No. 46 P8

P. O. Address Poplar Bl

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