

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016417

FILED VS MAY 5 1960

282

Primary Registration District No. 4425

Registrar's No. 47

STATE FILE NUMBER

INDEXED

DOCUMENT

| | | | | | | | |
|---|--|--|--|--|--|--|---|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <i>Polk</i> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Morrisville</i> | | a. STATE <i>Mo.</i> | | b. COUNTY <i>Polk</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Died in the home</i> | | Length of stay in lb <i>4 days</i> | | c. CITY OR TOWN <i>Morrisville</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First <i>Samuel</i> | | Middle <i>Cesar</i> | | Last <i>Bicknell</i> | | Month Day Year <i>April 26-1960</i> | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <i>Dec. 3-1867-92</i> | 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret.</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i> | | 11. BIRTHPLACE (City and state or country) <i>Missouri</i> | | 12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>William Bicknell</i> | | 13b. MOTHER'S MAIDEN NAME <i>Eveline Alexander</i> | | 14. NAME OF HUSBAND OR WIFE <i>Decease</i> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>No</i> | | 17. INFORMANT <i>Helen Bicknell - Morrisville Mo.</i> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <i>Malignant Hypertension</i> | | | | | | | |
| DUE TO (b) <i>Arterio-Sclerosis</i> | | | | | | | |
| DUE TO (c) | | | | | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) | | | |
| 20c. TIME OF INJURY | | Hour | Month, Day, Year | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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. I attended the deceased from <i>April 24-60</i> to <i>April 26-60</i> and last saw him alive on <i>April 23-60</i> | | Death occurred at <i>4:45 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Samuel J. J.</i> | | | | 22b. ADDRESS <i>MORRISVILLE, Mo</i> | | 22c. DATE SIGNED <i>4-28-60</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <i>April 28-60</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Hickory Grove</i> | | 23d. LOCATION (City, town, or county) <i>Polk Co Mo.</i> | | (State) | |
| 24. FUNERAL DIRECTOR <i>Pitta funeral home - Bol. Mo.</i> | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. <i>4-29-1960</i> | 26. REGISTRAR'S SIGNATURE <i>Ralph Horstemper Jewell</i> | | |

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Sidney J. Pitts*

Licensed Embalmer No. 4939

P. O. Address *Bolivar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.