

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005755

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 7

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF THIS RETURN ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED VS MAR 6 1961

1. PLACE OF DEATH
 a. COUNTY Jefferson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Central Twp. Length of stay in 1b 16 days.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Hillsboro Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Jefferson
 c. CITY OR TOWN Central Twp. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt. 1, Hillsboro Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
 ETHEL THERESA WICKS
 4. DATE OF DEATH Month Day Year
 Feb. 27, 1961

5. SEX Female
 6. COLOR OR RACE White
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 6/22/87
 9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY None
 11. BIRTHPLACE (City and state or country) Sorento, Ill.
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Bauffle
 13b. MOTHER'S MAIDEN NAME Evelyn Hockman
 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 16. SOCIAL SECURITY NO.
 17. INFORMANT James Behr, Rt. 1, Hillsboro, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis
 DUE TO (c) Hypertension
 INTERVAL BETWEEN ONSET AND DEATH Sudden
 9 years - 5 years.

PART II. OTHER SIGNIFICANT CONDITION 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 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 February 17, '61 to February 26, '61 and last saw her alive on Feb. 26, 1961
 Death occurred at 2:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Three or title) Chas. E. Ong, MD.
 22b. ADDRESS De Soto, Mo.
 22c. DATE SIGNED 2/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
 23b. DATE 3/1/61
 23c. NAME OF CEMETERY OR CREMATORY Mount Olive
 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette, St. Louis Missouri
 ADDRESS
 25. DATE RECD. BY LOCAL REG. 3/2/61
 26. REGISTRAR'S SIGNATURE Oleta Ribbon, Dep

MAR 8 1961

Permit # 96

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 James R. Chapman
Licensed Embalmer No. 4550
P. O. Address St. Louis

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.