MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE
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AMENDED

-61-028063
STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 4501 Registrar's No. 24

FILED AUG 8 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF
				DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bloomfield
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Stoddard
c. CITY OR TOWN: Bloomfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Rufus Last: Wicker
4. DATE OF DEATH: Month 7 Day 23 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-6--1877
9. AGE (last birthday): 83
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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Tenn.
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: James Wicker
13b. MOTHER'S MAIDEN NAME: Dont. Know
14. NAME OF HUSBAND OR WIFE: Sarah Wicker
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: James Wicker Address: Greenville Miss.

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) uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma prostate — 90 days (?)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive heart failure, arteriosclerosis
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 7-9-61, to 7-23-61 and last saw him alive on 7-23-61
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William J. Freitas (Degree or title) M.D.
22b. ADDRESS: Bloomfield, Missouri
22c. DATE SIGNED: 7-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-26-1961
23c. NAME OF CEMETERY OR CREMATORY: Dogwood
23d. LOCATION (City, town, or county) (State): Blytheville Ark.

24. FUNERAL DIRECTOR: Cobb Funeral Home ADDRESS: Blytheville Ark.
25. DATE RECD. BY LOCAL REG.: 8-5-61
26. REGISTRAR'S SIGNATURE: Mrs. George L. Baker

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 3100

P. O. Address Blytheville A

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.