

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045857

STATE FILE NUMBER

Registration District No. 290

Primary Registration District No. _____

Registrar's No. 152

AMENDED

FILED JAN 3 1962

1. PLACE OF DEATH

a. COUNTY Pulaski

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
e. STATE Missouri b. COUNTY Pulaskib. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WaynesvilleLength of stay in 1b
3 yearsc. CITY
OR TOWN WaynesvilleInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Pulaski County HospInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
ResReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Atlee

Wickersham

4. DATE OF DEATH

Month

Day

Year

Dec 28

1961

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Mar 10 18939. AGE (last birthday)
68IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RR Conductor10b. KIND OF BUSINESS OR INDUSTRY
Commercial11. BIRTHPLACE (City and state or country)
Greene County Mo12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Ely Wickersham

Katherine Funkhouser

Hattie Wickersham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW I16. SOCIAL SECURITY NO.
102-07-3632

17. INFORMANT

Address

Hattie Wickersham Waynesville 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)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Aortic Aneurysm Surgically Repaired 2 yrs ago

DUE TO (c)

CVA 5 wks ago. Thrombophlebitis, pulmonary embolism

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 ☐ Unknown19. 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 12-20-61 to 12-28-61 and last saw her alive on 12-28-61

Death occurred at 8:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DO

22b. ADDRESS

Waynesville Missouri

22c. DATE SIGNED

12/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

1/2/62

Greenlawn Cemetery

Springfield Missouri

24. FUNERAL DIRECTOR'S ADDRESS

25. DATE RECD BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Moss-Williams Funeral Homes Waynesville Mo

E. J. Anderson

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1962

JAN 16 1962

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

Clarence Moss

Licensed Embalmer No.

4896

P. O. Address

Waynesville NC

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.