

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000869

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 54

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <u>Col e</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson - City</u>		c. CITY OR TOWN <u>ULMAN</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST-MARY'S-HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>5mi-W-ULMAN</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WILLIAM-</u> Middle <u>EARL</u> Last <u>WICKAM</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>2</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10 MAY-1875</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>		11. BIRTHPLACE (City and state or country) <u>Miller Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>NELSE-WICKAM</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BOYD</u>	
14. NAME OF HUSBAND OR WIFE <u>LAURA-HAWK-WICKAM</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>JACK-WICKAM</u>		Address <u>ULMAN-MO</u>			

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) <u>acute myocardial Failure</u>		<u>days</u>
DUE TO (b) <u>arteriosclerotic heart disease</u>		<u>years</u>
DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia</u>		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 checked="" 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.) <u>NONE</u>
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20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> <u>NONE</u>	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.) <u>NONE</u>	20f. CITY, TOWN, OR LOCATION <u>NONE</u>	COUNTY	STATE
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21. I attended the deceased from Jan 22, 1962 to Feb 2, 1962 and last saw him alive on Feb 1, 1962  
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Francis H. Meier M.D.</u>	22b. ADDRESS <u>Jefferson - City</u>	22c. DATE SIGNED <u>3 Feb 1962</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4 Feb - 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gott-</u>	23d. LOCATION (City, town, or county) (State) <u>MILLER - CO - MO</u>
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24. FUNERAL DIRECTOR <u>Keith M. Kaye</u>	ADDRESS <u>ELDON - MO</u>	25. DATE RECD. BY LOCAL REG. <u>3 February 1962</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harrison - Richter, Dep</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.