

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033147

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 294

FILED AUG 29 1963

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PETTIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) SEDALIA		c. CITY OR TOWN HOUSTONIA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hosp		d. STREET ADDRESS (If outside, give location) HOUSTONIA MO	
3. NAME OF DECEASED (Type or print) First CHARLES Middle TESTUS Last WICKER		4. DATE OF DEATH Month Aug. Day 19 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 12-27-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (City and state or country) HOUSTONIA MO	
13a. FATHER'S NAME JOHN W. WICKER		14. NAME OF HUSBAND OR WIFE HULA G WICKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT P. W. Wicker Houstonia 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) Cerebrovascular Accident DUE TO (b) Generalized Atherosclerosis DUE TO (c) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease		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 a.m. p.m.	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 SEDALIA MO	
21. I attended the deceased from 7th 1959 , to 19 Aug 1963 and last saw him alive on 18 Aug 1963 Death occurred at 6:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Sedalia, Mo	
22a. SIGNATURE Donald C. Porter, Jr.		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-21-63	23c. NAME OF CEMETERY OR CREMATORY HOUSTONIA CEMETERY	23d. LOCATION (City, town, or county) (State) HOUSTONIA MO
24. FUNERAL DIRECTOR MOORE FUNERAL HOME - HOUSTONIA MO		25. DATE RECD. BY LOCAL REG. Aug 21, 1963	
26. REGISTRAR'S SIGNATURE Frances Shelby Lee		26. REGISTRAR'S SIGNATURE H. Anderson	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

X005

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, 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.