

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20552

BIRTH NO.		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6965		Registrar's No. 53			
1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAH - PRESTON TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>1 LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAH - PRESTON TOWNSHIP</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west of Smithville</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles west of Smithville</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chinton</u> b. (Middle) <u>C.</u> c. (Last) <u>Wicks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 23, 1949</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 18, 1878</u>			
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>		IF UNDER 24 HRS. Hours <u></u> Min. <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>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Platte County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Hobd Wicks</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Hobd</u>			14. NAME OF MARRIED OR WIFE <u>ROSE DUNCAN Wicks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C.C. Wicks, Smithville, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>July 1, 1948</u> , to <u>June 23, 1949</u> , that I last saw the deceased alive on <u>June 23, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Ray F. Lowry, M.D.</u>				23b. ADDRESS <u>Smithville, Mo.</u>		23c. DATE SIGNED <u>6/24/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/25/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Smithville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-24-1949</u>		REGISTRAR'S SIGNATURE <u>Rphia Rollin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McComas FUNERAL HOME</u>		ADDRESS <u>Smithville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 7

District Health Officer No. _____

District File Number _____

Date Filed 2-7-49

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 CH

CH Student Embalmer No. AP
working under my personal supervision.

CH
Student
Student Embalmer

Signed Owen J. Rogers
Licensed Embalmer No. 3940
P. O. Address Smithville, 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 this body is not embalmed, fact should be so stated above.