

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1951

State File No. 12924

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>6575</u>		Registrar's No. <u>18</u>									
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>											
b. CITY OR TOWN <u>GRANDVIEW</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANDVIEW</u> <u>0480</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>				d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>WILBUR</u>			b. (Middle) <u>TRIMBLE</u>			c. (Last) <u>BICKFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1951</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>JAN. 11, 1905</u>		9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months   Days		IF UNDER 24 HRS. Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POST OFFICE LABORER (Ret)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. POST OFFICE</u>				11. BIRTHPLACE (State or foreign country) <u>Sheldon, Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>MAURICE A. BICKFORD</u>				13b. MOTHER'S MAIDEN NAME <u>Della S. Masters</u>				14. NAME OF HUSBAND OR WIFE <u>MARY BICKFORD</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>				17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W. T. BICKFORD</u>				ADDRESS <u>GRANDVIEW, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <u>Hypertension</u> 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>Sudden</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) <u>4201</u>									
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>May 10, 1948</u> , to <u>Apr 23, 1951</u> , that I last saw the deceased alive on <u>Apr 21, 1951</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>D. D. Hooper, M.D.</u> (Degree or title)						23b. ADDRESS <u>Grandview, Mo.</u>			23c. DATE SIGNED <u>Apr 24 51</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 26, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>				24d. LOCATION (City, town, or county) (State) <u>HICKMAN MILLS, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>4/26/51</u>		REGISTRAR'S SIGNATURE <u>Annie G. Hodges</u> <u>136</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. T. George &amp; Son, GRANDVIEW Mo.</u>									

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

No. 300  
10.48  
480

X

MAY 4 1961

1961 L.A.M.

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 .....  
Student Embalmer

Signed A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview 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.