

FILED MAY 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13648

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6030 Registrar's No. 289

1. PLACE OF DEATH a. COUNTY <u>Ripley. - Jordan Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Daniphan Mo. Rt. 2 "Rural"</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Daniphan Mo. Rt. 2 "Rural" Jordan Twp.</u>	
c. LENGTH OF STAY (in this place) <u>2 years.</u>		d. STREET ADDRESS (If rural, give location) <u>14 Miles North of Daniphan Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>L.</u> c. (Last) <u>McVicker.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 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>August 29 1874.</u>			9. AGE (In years last birthday) <u>76.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		
11. BIRTHPLACE (State or foreign country) <u>Warsaw, Indiana.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>David McVicker.</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Miller.</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Elizabeth McVicker.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maud McVicker Daniphan Mo.</u>	

18. DATE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			<u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		DUE TO (b) <u>Arterial Hypertension</u>			<u>4 years</u>	
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <u>331X</u>	
					YES <input type="checkbox"/> NO <input 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)		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 Oct 1949, to April 1951, that I last saw the deceased alive on April 29, 1951, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Daniphan Mo.</u>		23c. DATE SIGNED <u>5-1-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri.</u>	
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DATE REC'D BY LOCAL REG. <u>5-1-51</u>		REGISTRAR'S SIGNATURE <u>E. B. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u>		ADDRESS <u>Daniphan, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

910

JUN 15 1951

RECEIVED

MAY 12 1951

DISTRICT HEALTH OFFICE No. 6

The 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
Student Embalmer

Signed Ray Means.....

Licensed Embalmer No. 3743.....

P. O. Address Doniphan, 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.