

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5921

State File No.

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1544**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Carbondale	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 704 S. Illinois Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Clarence	c. (Last) Bicknell	4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1954
-------------------------------------	---------------------------	-----------------------------	---------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 12, 1902	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 2 Days 8	IF UNDER 24 HRS. Hours 8 Min. 12
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) professor	10b. KIND OF BUSINESS OR INDUSTRY S.I. University	11. BIRTHPLACE (City and State or Foreign Country) Baily, Tex.	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME William David Bicknell	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND/OR WIFE Elaine Bicknell
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 492-28-6784	17. INFORMANT'S SIGNATURE OR NAME Elaine Bicknell ADDRESS Carbondale, Ill.
--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 mo.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor (metastases to lungs)	ANTECEDENT CAUSES Primary site unknown		
	DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163X
--	--	--

22. I hereby certify that I attended the deceased from **Feb. 8, 1954**, to **Feb. 15, 1954**, that I last saw the deceased alive on **Feb. 15, 1954** and that death occurred at **7:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE  (Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 2/15/54
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/18/54	24c. NAME OF CEMETERY OR CREMATORY I. O. O. F.	24d. LOCATION (City, town, or county) (State) Denton, Texas
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. FEB 17 1954	REGISTRAR'S SIGNATURE 	25. FUNERAL DIRECTOR'S SIGNATURE J. Van Natta ADDRESS Carbondale, Illinois
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 Joe F. VanNatta Student Embalmer No. _____
working under my personal supervision..

Student X Signature of Student Embalmer

Signed Joe F. VanNatta
Missouri Licensed Embalmer No. 28

P. O. Address Carbondale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.