

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0770

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

BIRTH NO. _____		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>4394</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Bakersfield</u>		c. LENGTH OF STAY (in this place) <u>65 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bakersfield</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0970</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>POSY</u>		b. (Middle) <u>MAHALA</u>		c. (Last) <u>WICKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1954</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 17, 1874</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Gideon P. Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>William Wicker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Wicker Bakersfield, 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>Acute dilatation of heart</u> ANTECEDENT CAUSES DUE TO (b) <u>Essential hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Chronic nephritis</u> 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? 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 <u>1947</u> to <u>May 16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 16</u> , 19 <u>54</u> , and that death occurred at <u>10:20 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Daniel R. Davis</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Bakersfield, Mo.</u>		23c. DATE SIGNED <u>5-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bakersfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bakersfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-1-54</u>		REGISTRAR'S SIGNATURE <u>Theresa Melan</u>		466		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Theresa Melan</u>	

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Blaine Curtis*

Student Embalmer No. ....

Licensed Embalmer No. *4541*

P. O. Address *Shrewsbury*

**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.