

FILED DEC 6 1954

STANDARD CERTIFICATE OF DEATH

State File No. 37107

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1100-B

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) SPRINGFIELD		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) DOA		e. STREET ADDRESS (If rural, give location) 431 S. Nettleton Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. John's Hospital			

3. NAME OF DECEASED (Type or Print) FRANK		a. (First) b. (Middle) c. (Last) WICKS	4. DATE OF DEATH (Month) (Day) (Year) OF December 1, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 10 Sept. 1886	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business owner		10b. KIND OF BUSINESS OR INDUSTRY ServUrSelfLaundry	11. BIRTHPLACE (City and State or Foreign Country) Dallas County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Wicks	13b. MOTHER'S MAIDEN NAME Phoebe Miller	14. NAME OF HUSBAND OR WIFE Elsie E. Wicks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 488-16-4326	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Wicks, 431 S. Nettleton Avenue, Springfield, Missouri.
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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) Basal Fct. Skull		INTERVAL BETWEEN ONSET AND DEATH 1 Hr.
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.		E8234 32		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about highway) Cedar Co.	21c. (City, town, or county) 4th Miles west Fairplay 228 Cedar Co. M.	(STATE)
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21d. TIME OF INJURY 12:52- '54 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Lost control on curve.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 7. PM m., from the causes and on the date stated above.

22a. SIGNATURE (Name and title) Dr. E. Allen Pickens Coroner	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 12-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5 Dec. 1954	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	24d. LOCATION (City, town, or county) Springfield, Missouri. (State)
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DATE REC'D BY LOCAL REG. 12-4-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Pheme, Springfield, Missouri
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

NOV 9 1955

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.....
Signature of Student Embalmer

Signed *Ralph H. Thieme*.....

Licensed Embalmer No. 3681
Springfield,
P. O. Address Missouri.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.