

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **15703**

FILED JUN 8 1955

Registrar's No. **191**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 191			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO b. COUNTY Jackson					
b. CITY OR TOWN Independence		c. LENGTH OF STAY (in this place) 2 Days		c. CITY OR TOWN Blue Springs		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 Independence San & Hospital				e. STREET ADDRESS (If rural, give location) 7001					
3. NAME OF DECEASED (Type or Print) a. (First) Erasmus b. (Middle) L c. (Last) Wicks			4. DATE OF DEATH (Month) (Day) (Year) May 18 1955						
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct 17 1872			
9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months 0		11. UNDER 2 HRS. Hours 0 Min. 0		9. AGE (In years last birthday) 82			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) News Printer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Roanoke Mo			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Norville		13b. MOTHER'S MAIDEN NAME Jane Crain		14. NAME OF HUSBAND OR WIFE Deceased		
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. None		17. INFORMANT'S SIGNATURE OR NAME R.W. Wicks ADDRESS Blue Springs Mo				
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				INTERVAL BETWEEN ONSET AND DEATH sudden	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac failure				DUPLICATE OF (b) coronary occlusion				DUPLICATE OF (c) secondary anemia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. secondary anemia								10 yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION fat						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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 4-29 , 19 55 ; to 5-18 , 19 55 , that I last saw the deceased alive on 5-18 , 19 55 , and that death occurred at 6:55 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Merrill R. Bay M.D.				23b. ADDRESS Blue Springs Mo		23c. DATE SIGNED 5/20/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21 55		24c. NAME OF CEMETERY OR CREMATORY Blue Springs Mo		24d. LOCATION (City, town, or county) (State) Blue Springs Mo			
DATE REC'D BY LOCAL REG. 5-21-55		REGISTRAR'S SIGNATURE [Signature]		354. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Blue Springs Mo			

(Licensed Emballer's Statement on Reverse Side)

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

No. 300
10.48

Handwritten mark

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.....
RB

Licensed Embalmer No. 235.....

P. O. Address Blue Spring.....

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.