

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16192**

FILED JUN 3 1955  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **594** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY <b>Pemiscott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pemiscott</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>5 mi. east Kennett, Mo.</b>		c. LENGTH OF STAY (in this place) <b>04</b>	c. CITY OR TOWN <b>Gobler</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Floyd</b> b. (Middle) _____ c. (Last) <b>Wicker</b>		4. DATE OF DEATH (Month) <b>March</b> (Day) <b>19</b> , (Year) <b>1955</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 11, 1936</b>	9. AGE (In years last birthday) <b>10</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Merc. Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>1</b>

13a. FATHER'S NAME <b>Ira Wicker</b>	13b. MOTHER'S MAIDEN NAME <b>Jewell Hurley</b>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Ira Wicker</b> ADDRESS <b>Gobler, Mo.</b>

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed head + chest</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Automobile wreck</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>E 8161 26</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>84 Highway</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Gascola town Pemiscott Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-19-55 A m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car ran under a truck</b>

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John H. German, 3rd Coronar</b>	23b. ADDRESS <b>Hayti Mo</b>	23c. DATE SIGNED <b>5-26-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 22, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>
24d. LOCATION (City, town, or county) (State) <b>Kennett Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard</b>	ADDRESS <b>Funeral Service, Senath Mo.</b>
DATE REC'D BY LOCAL REG. <b>5-26-55</b>	REGISTRAR'S SIGNATURE <b>John H. German</b>	406.1

(Licensed Embalmer's Statement on Reverse Side)

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

780  
3

6  
9-169-55

JUN 1 1955

PERMASCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
GARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edmund Brown*.....

Licensed Embalmer No..... 400

P. O. Address *Leitch*.....

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