

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED DEC 10 1956

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Grundy		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1831 CARNES ST.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1831 CARNES ST.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELMER Middle L. Last WICKIZER			4. DATE OF DEATH Month Dec Day 5 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 7 1890	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state or country) DAVIES COUNTY, MO. U.S.A.	
13. FATHER'S NAME SAMUEL L. WICKIZER			14. MOTHER'S MAIDEN NAME FRANCES GOTT		
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 Address MRS. ZORA LEE WICKIZER Trenton, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 1 week
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY: Hour Month, Day, Year a. m. p. m.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec 1 56 to Dec 5 56 and last saw her/him alive on Dec 5 56 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. J. Harris MD (Degree or title)			22b. ADDRESS Trenton Mo		22c. DATE SIGNED 12/6/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 7 1956	23c. NAME OF CEMETERY OR CREMATORY Foot Cemetery		23d. LOCATION (City, town, or county) (State) Edinburg, Mo.
24. FUNERAL DIRECTOR Gordon Blackman		ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 12-7-56	26. REGISTRAR'S SIGNATURE Gene Fawcett

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harris.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Signature *Harold Roberts*

Licensed Embalmer No. *1491*

P. O. Address *San Antonio*

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.