FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30707
STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Savannah — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 409 So. Sixth St. — Length of stay in 1b: 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew
c. CITY OR TOWN: Savannah — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 409 South Sixth St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Catherine Middle Caroline Last Wickstrom
4. DATE OF DEATH Month Day Year: September 6, 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: May 25, 1892
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Brown County, Kans.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Joseph Denkinger
14. MOTHER'S MAIDEN NAME: Louisa Yeasel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-42-2971
17. INFORMANT: Donald Wickstrom — Address: Fillmore, 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): Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-8-53 to 9-6-57 and last saw her/him alive on 9-6-57
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Warren C. Bakeny
22b. ADDRESS: Savannah, Missouri
22c. DATE SIGNED: 9-7-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 9, 1957
23c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
23d. LOCATION (City, town, or county) (State): Highland, Kansas
24. FUNERAL DIRECTOR ADDRESS: Wm A Rich Savannah Mo
25. DATE RECD. BY LOCAL REG.: 9-16-57
26. REGISTRAR'S SIGNATURE: Lillian Spark

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm A Rich

Licensed Embalmer No. 42

P. O. Address Savan

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.