

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043244

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 579

CORRECTED
 BY AFFIDAVIT OF Funeral Director
 12-5-59
 USE ONLY BLACK INK OR RIBBON; TYPEW. IN RED INK
 All diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard nomenclature in Part I.
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Alma Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ of Mo Med Center		Length of stay in lb 11 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Alfred William Schick			4. DATE OF DEATH Month Day Year Dec 24 1958
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 5/15/19
9. AGE (In years, months, days, hours, min.) 39		10a. USUAL OCCUPATION (Give kind of work done during last of working life, or if retired) Garage owner & Car Dealer	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Blackburn, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Schick		13b. MOTHER'S MAIDEN NAME Lillie Wright	14. NAME OF HUSBAND OR WIFE Mildred
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Roy Weger Higginsville 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) Pneumonia DUE TO (b) 49% 2nd degree burns DUE TO (c) 9163 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 40			INTERVAL BETWEEN ONSET AND DEATH 14 du
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Explosion of gasoline tank 054		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 12-28-58 p.m.	20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) garage		20f. CITY, TOWN, OR LOCATION COUNTY STATE Alma Lafayette Mo	
21. I attended the deceased from 12-11-58 to 12-24-58 and last saw her/him alive on 12-24-58 Death occurred at 5:22 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh E Stephenson, Jr MD		22b. ADDRESS 807 Stadium Rd	22c. DATE SIGNED 12-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 27 1958	23c. NAME OF CEMETERY OR CREMATORY Blackburn Cemetery	23d. LOCATION (City, town, or county) (State) Alma Mo.
24. FUNERAL DIRECTOR Roy Weger Higginsville		25. DATE RECD. BY LOCAL REG. Dec 25 1958	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

JAN 7 1959

TEMPORARY

JUL 25 1963

AS
AUG 9 1960

88A-AS-2775

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 *Roy F. Wiegman*

Licensed Embalmer No. *2883*

P. O. Address *Hypocrite*

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.