

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017073

STATE FILE NUMBER

FILED JUN 12 1959

Registration District No. 68

Primary Registration District No. 5266

Registrar's No. 13

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Christian Co</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <del>MO</del> <b>Christian Co</b>		
b. CITY (If outside corporate limits, give TOWNSHIP and) OR TOWN <b>Ozark, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Ozark Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Christian Rest Home,</b>			Length of stay in 1b		d. STREET ADDRESS <b>0220 Rural</b> (If outside, give location)
3. NAME OF DECEASED (Type or print) First <b>Alice</b> Middle <b>Wicklend</b> Last <b>Wicklend</b>			4. DATE OF DEATH Month <b>May</b> Day <b>20</b> Year <b>59</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb, 24, 1874</b>	9. AGE (In years (Birth day) Months Days Hours Min. <b>85</b> ) FUNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>Gilbert Dennis</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Pippen</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) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs Marie Clines, Ponce De Leon</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>					
DUE TO (c) <b>Arthritis, rheumatoid, severe</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4261</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 <b>Dec 12 58</b> to <b>20 May 59</b> and last saw her <sup>her</sup> alive on <b>1 May 59</b> Death occurred at <b>1 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>J. D. Cooper M.D.</b>			22b. ADDRESS <b>Ozark, Mo.</b>		22c. DATE SIGNED, <b>23 May 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 22/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Ozark, Mo</b>	
24. FUNERAL DIRECTOR <b>T. B. Chaffin</b> ADDRESS <b>Ozark, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 6-1959</b>		26. REGISTRAR'S SIGNATURE <b>Loretta Leonard</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *T. B. Chaffin* .....

Licensed Embalmer No. *2192* .....  
P. O. Address .... *Ozark* .....

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.