

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018733

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 728B

FILED MAY 21 1962

VS 300
Rev. 4/59

6397
22040

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7 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MISSOURI GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE CALIF b. COUNTY LOS ANGELES	
b. CITY (If outside corporate limits, give ZIP code) Length of stay in 1b OR TOWN SPRINGFIELD MO SPRINGFIELD		c. CITY OR TOWN WHITTIER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Springfield Baptist Hosp. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8024 Vicki DR Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last STEVEN WAYNE WICKS		4. DATE OF DEATH Month Day Year MAY 6 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH UNKNOWN
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CALIFORNIA
13a. FATHER'S NAME EVERETT WICKS		13b. MOTHER'S MAIDEN NAME EVA AEE PALMER	14. NAME OF HUSBAND OR WIFE RUTH COLE LINDSAY CARIE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address RUTH COLE LINDSAY CARIE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE TRAUMA INCLUDING INTERVAL BETWEEN ONSET AND DEATH 4 hrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SEVERE LACERATIONS SCALP, FACE, NECK, DUE TO (c) BASE OF TONGUE; COMPOUND FRACTURE RT. THIGH.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	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.) ONE CAR ACCIDENT ON HY 66 DETOUR	
20c. TIME OF INJURY Hour a.m. 1130 Month, Day, Year 5-6-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HY 66	20f. CITY, TOWN, OR LOCATION COUNTY STATE HARTONN LAWRENCE MO
21. I attended the deceased from 5-6-62 to 5-6-62 and last saw him alive on 5-6-62 Death occurred at 3:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J D Allen MD		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 5-11-62
23a. BURIAL OR CREMATION, REMOVE (Specify) REMOVED	23b. DATE 5-6-1962	23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD	23d. LOCATION (City, town, or county) (State) MARSHFIELD MO
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD		25. DATE RECD. BY LOCAL REG. 5-14-62	26. REGISTRAR'S SIGNATURE Effie E. Melton

MAY 29 1962

JUN 6 1962

plant received 5-6-62

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 George Staff

Licensed Embalmer No. 3161

P. O. Address Mr. George Staff

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.