

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018854

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 144  
**FILED MAY 18 1962**

Primary Registration District No. 5562 Registrar's No. 75

STATE FILE NUMBER

VS 300  
 Rev. 4/59  
 1047C  
 20470  
 3  
 4 1  
 5 1  
 6  
 7 1  
 8 2  
 9334X  
 10  
 11  
 12 90-0  
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Arcadia Twsp.</u>		Length of stay in 1b <u>35 yrs.</u>	c. CITY OR TOWN <u>Arcadia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mi. N. of Pilot Knob</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 mi. N. of Pilot Knob</u>
3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>EVALINE</u> Last <u>VICKERS</u>		4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1962</u>	
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 12 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE (last birthday) <u>79</u>
11. BIRTHPLACE (City and state or country) <u>Wymore Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Elizabeth Hamilton</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Edward Vickers</u>
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
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Arterial hypertension</u> <u>20 years</u>
			DUE TO (c) <u>Arteriosclerosis, general</u> <u>20 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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? 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>4-8-44</u> to <u>5-7-62</u> and last saw her/him alive on <u>5-4-62</u>		Death occurred at <u>6:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Ben M. Bull, M.D.</u>		22b. ADDRESS <u>Ironton, Mo.</u>	22c. DATE SIGNED <u>5-10-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>5-10-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Middlebrook Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Middlebrook, Mo.</u>
24. FUNERAL DIRECTOR'S ADDRESS <u>2 mi. N. of Pilot Knob</u> <u>White Funeral Home, Ironton Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-10-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 18 1962

MAY 10 1962

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 *Russell G. White*

Licensed Embalmer No. 9012

P. O. Address *Dorchester Mass*

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.