

CERTIFICATE OF DEATH

71 0007526

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 94

DO NOT WRITE ON THIS STUB

9. 0

10a. 89

10b. 0

11. 0

12. 1

13. 4/23

14. 4

15. 4

16. 0

17. 0

18. 0

19. CREDITS

20. 1-0

VS 300
Rev. 1/70

4. 0940

5. 86
DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

PARENTS

1. DECEASED—NAME FIRST MIDDLE LAST William R Sikes		2. SEX M	3. DATE OF DEATH (MONTH, DAY, YEAR) February 26, 1971
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	AGE—LAST BIRTHDAY (YEARS) 89	5. UNDER 1 YEAR MOS. DAYS no	6. UNDER 1 DAY HOURS MIN. no
7. CITY, TOWN, OR LOCATION OF DEATH ST. FRANCOIS TWP. Farmington—RURAL	8. INSIDE CITY LIMITS (SPECIFY YES OR NO) no	9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Crocker Nursing Home	
10. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri	11. CITIZEN OF WHAT COUNTRY USA	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Gracie M. Bible
14. SOCIAL SECURITY NUMBER 496-14-4256	15. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Carpenter	16. KIND OF BUSINESS OR INDUSTRY Retired	
17. RESIDENCE—STATE COUNTY Missouri St Francois	18. CITY, TOWN, OR LOCATION Elvins	19. INSIDE CITY LIMITS (SPECIFY YES OR NO) no	20. STREET AND NUMBER R.R. 1
21. FATHER—NAME FIRST MIDDLE LAST Thomas N Sikes	22. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mary Pullen	23. INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Gracie M. Sikes Elvins, Missouri R.R. 1 63639	

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE
(a) **ASH Disease** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
months

DUPLICATE TO, OR AS A CONSEQUENCE OF:

(b) _____

DUPLICATE TO, OR AS A CONSEQUENCE OF:

(c) _____

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
no 20. DATE OF INJURY (MONTH, DAY, YEAR) **no** | 21. HOUR **no** | 22. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) **no** || 23. INJURY AT WORK (SPECIFY YES OR NO) **no** | 24. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) **no** | 25. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) **no** | 26. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS **no** |

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM **1960** TO **2-26-71** AND LAST SAW HIM/HER ALIVE ON **11-14-70** I **did** DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, OR M. TO THE CAUSE(S) STATED. **7P**

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

27. HOUR OF DEATH MONTH DAY YEAR HOUR

28. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE
ALVAN KARRAKER, M.D. Alvan Karraker, M.D.

29. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Farmington, MO

30. DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)
Feb 27, 71

BURIAL, CREMATION, REMOVAL (SPECIFY) **21. CEMETERY OR CREMATORY—NAME** **22. LOCATION** CITY OR TOWN STATE

Burial **Doe Run Memorial Cemetery** **Doe Run, Missouri**

23. DATE (MONTH, DAY, YEAR) **24. FUNERAL HOME—NAME AND ADDRESS** (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
March 1, 1971 **Miller Funeral Home Inc. 115 W. Columbia, Farmington, Missouri**

25. FUNERAL DIRECTOR—SIGNATURE **26. REGISTRAR—SIGNATURE** **DATE RECEIVED BY LOCAL REGISTRAR**

Arthur Mathews **Ethel Mathews** **Feb. 27, 1971**

Type or print in PERMANENT BLACK INK. See handbook for instructions.

63640

MAR 10 1977

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 Burt Dugal

Licensed Embalmer No. 4120

P. O. Address Farlington, Va

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.