

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1466

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 4241		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Oak Grove		c. LENGTH OF STAY (in this place) 16 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Oak Grove		0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Henry R. Fickle		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 4 1950	
5. SEX m		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 5 1888	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Self		9. AGE (In years last birthday) 61		9. AGE (If under 1 year) Months 8 Days 0 Hours Min.	
11. BIRTHPLACE (State or foreign country) Odessa Mo		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME H. Fickle		13b. MOTHER'S MAIDEN NAME Nettie Burton	
14. NAME OF HUSBAND OR WIFE Myrtle		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. 890-45-9241		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Fickle Oak Grove Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Papoplexy		DUE TO (c) Scurvy		334X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Accidents					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 4, 1949, to Jan 4, 1950, that I last saw the deceased alive on Dec 31, 1949, and that death occurred at 1309 m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. M. D.				23b. ADDRESS Odessa Mo		23c. DATE SIGNED 1/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 6 50		24c. NAME OF CEMETERY OR CREMATORY Odessa		24d. LOCATION (City, town, or county) (State) Odessa Mo	
DATE REC'D BY LOCAL REG. JAN. 7, 1950		REGISTRAR'S SIGNATURE Donald C. Emswiler 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maggie B. Webb, Son Oak Grove Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 9 1950

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 .....  
Student Embalmer

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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 this body is not embalmed, fact should be so stated above.