

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12330

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		0241
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Beyer Apartments</u>		
3. NAME OF DECEASED (Type or Print) <u>BERNHARDT THEODORE WILLIAM SICKEL</u>			4. DATE OF DEATH <u>April 17, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 24, 1867</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Flora Sickel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-26-3063</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Sickel</u> ADDRESS <u>790 Ste. Archambault Excelsior Springs, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES DUE TO (b) <u>Nephritis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>Senile vascular sclerosis.</u>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH  <u>593X</u>
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) (Min.)		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 <u>11-29-</u> , 19 <u>48</u> , to <u>4-17-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-17-</u> , 19 <u>50</u> , and that death occurred at <u>5:45P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. E. Baird</u> (Degree or title)			23b. ADDRESS <u>Excelsior Springs, Mo</u>		23c. DATE SIGNED <u>4-18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/19/50</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u> ADDRESS <u>Excelsior Springs, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

RECEIVED MAY 1  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 5/4/50

**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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, Mo.

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.