

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12746

BIRTH NO.		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5945		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Rural		c. LENGTH OF STAY (in this place) 1 Yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo. 0681			
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Viola			b. (Middle) (none)		c. (Last) Sicott		4. DATE OF DEATH (Month) (Day) (Year) May 4, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 15, 1865	9. AGE (In years last birthday) 85 Yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during working life or if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ferndale Nursing Home, St. James, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral regurgitation DUE TO (c) Anemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 years 410X
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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 27/19 50, to May 4, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) @ V. Hammler, M.D.				23b. ADDRESS St. James, Mo		23c. DATE SIGNED 5-8-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 5-4-1950	24c. NAME OF CEMETERY OR CREMATORY Marion Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo.		
DATE REC'D BY LOCAL REG. 5-8-1950		REGISTRAR'S SIGNATURE Cora G. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.E. Licklider, St. James, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48510
4

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed: 5-10-50

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.

Signed _____
Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4207

P. O. Address St. James, 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.