

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19337**

FILED JUN 22 1951

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

BIRTH NO. _____		REG. DIST. NO. <b>4</b>		PRIMARY REG. DIST. NO. <b>4014</b>		Registrar's No. <b>34</b>	
1. PLACE OF DEATH a. COUNTY <b>Atchison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fairfax, Mo</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Port 0030</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fairfax Com. Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Emmett</b> c. (Last) <b>Sickler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-6-1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1/5/1865</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Rock Port, Mo.,</b>		12. CITIZEN OF WHAT COUNTRY? <b>Am.</b>	
13a. FATHER'S NAME <b>Miles Sickler</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Fox</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Sickler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Mary Sickler, Rock Port.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subacute edema acute</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial infarction</b> DUE TO (c) <b>coronary thrombosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>coronary arteriosclerosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>2 weeks</b> <b>2 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/201</b>				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 <b>Monday, June 11, 1951</b> , to <b>Friday, June 15, 1951</b> , that I last saw the deceased alive on <b>Friday, June 15, 1951</b> , and that death occurred at <b>6:10 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Emmett Sickler M.D.</b>				23b. ADDRESS <b>Rock Port, Mo.</b>		23c. DATE SIGNED <b>June 15, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/8/1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenhill Cem/</b>		24d. LOCATION (City, town, or county) (State) <b>Rock Port, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>June 14, 1951</b>		REGISTRAR'S SIGNATURE <b>Marvin H. Schell</b>		443		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bartholomew Mortuary, Rockport.</b>	



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 Gratz Bartholomew.....

Licensed Embalmer No. 3173.....

P. O. Address Rock Port, 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.