

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22671

State File No. ....

FILED JUL 13 1953  
BIRTH NO. 734

REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 236

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Farmington Rural St. Francois</b>		c. LENGTH OF STAY (In this place) <b>13Y; 1M; 19d</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Cedar Hill</b>		d. STREET ADDRESS (If rural, give location) <b>520 /</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State Hospital No. 4</b>			
3. NAME OF DECEASED a. (First) <b>WILLIAM</b> b. (Middle) <b>F.</b> c. (Last) <b>FICKEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2, 1953</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>July 30, 1875</b>
9. AGE (In years less birthday) <b>77</b>		10. IF UNDER 1 YEAR Months <b>11</b> Days <b>2</b>	11. IF UNDER 1 HOUR Hours <b>2</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	11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Lewis Ficken</b>		13b. MOTHER'S MAIDEN NAME <b>Meyer</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Tubbesing</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records, State Hospital No. 4, Farmington, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary thrombosis - - - instantaneously</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown.</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) <b>Arteriosclerotic Heart Disease - -</b>		DUE TO (c) <b>4200 F 09 4</b>	
DUE TO (a) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Paranoid Praecox Psychosis for 20 years, and second and third degree burns of right leg, toes, foot, hip, and elbow. 5-29-52.</b>	
19a. DATE OF OPERATION <b>7-18-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Third degree infected burn of right leg. Right leg amputated.</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital ward</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Francois Twp. St. Francois Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5-29-52 -8 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Patient got foot caught between hot water or steam pipes, and fell.</b>			
22. I hereby certify that I attended the deceased from <b>May 29, 1952, to July 2, 1953</b> , that I last saw the deceased alive on <b>July 2, 1953</b> , and that death occurred at <b>9:30 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John C. Brennan, M.D.</b>		23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b>	
23c. DATE SIGNED <b>7-3-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-4-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Martin's Evangelical</b>		24d. LOCATION (City, town, or county) (State) <b>Dittmer, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>July 3, 1953</b>		REGISTRAR'S SIGNATURE <b>Ether Reddick</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Brunner Funeral Home, House Springs, Mo.</b>		ADDRESS <b>House Springs, Mo.</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 Bulk Royal

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.