

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36610

FILED NOV 2 - 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>284</u>		PRIMARY REG. DIST. NO. <u>3815</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>RURAL HAWCREEK TWP</u>		c. LENGTH OF STAY (in this place) <u>50 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>RURAL HAWCREEK TWP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MILES SOUTH STOVER</u>				d. STREET ADDRESS (If rural, give location) <u>4 MILES SOUTH STOVER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THERESA</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>FICKEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 26 1953</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 11 1879</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BENTON CO. MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BENTON CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>HENRY WEINBERG</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MUNKEN</u>		14. NAME OF HUSBAND OR WIFE <u>PETER FICKEN</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PETER FICKEN STOVER MO.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary fibrosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 years</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic pneumonia</u>			
				DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary hypertension</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <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) <u>525 X</u>			
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 <u>July</u> , 19 <u>49</u> , to <u>Oct</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 15</u> , 19 <u>53</u> , and that death occurred at <u>11</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ruth Kaufman M.D.</u>				23b. ADDRESS <u>Osceola, Mo.</u>		23c. DATE SIGNED <u>Oct. 21, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 28 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STOVER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>STOVER MO.</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>OCT 31 1953</u>		REGISTRAR'S SIGNATURE <u>W. K. Ripberger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Stevinson</u>		ADDRESS <u>Stover Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 3 1956

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

J. L. Stevenson
Licensed Embalmer No. 4073

P. O. Address Stover Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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