No. 300
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FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12705

BIRTH NO. _____ REG. DIST. NO. 2276 PRIMARY REG. DIST. NO. 5802 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - WOODLAWN TWP.
c. LENGTH OF STAY (in this place): 45 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD #4 MADISON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - WOODLAWN TWP.
d. STREET ADDRESS (If rural, give location): R.F.D 4, MADISON

3. NAME OF DECEASED (Type or Print)
a. (First): JOSHUA
b. (Middle): HENRY
c. (Last): STICKNEY

4. DATE OF DEATH (Month) (Day) (Year): MAY 5, 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR 16 1905
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 1, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GEN. FARMING
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE STICKNEY
13b. MOTHER'S MAIDEN NAME: RACHEL JOHNSTON
14. NAME OF HUSBAND OR WIFE: HAZEL STICKNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: HAZEL STICKNEY, MADISON, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Influenza — 6 days
DUE TO (c): Old Pulmonary Tuberculosis — N.K.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 002 X
20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1955, *to* May 5, 1955, *that I last saw the deceased alive on* May 4, 1955, *and that death occurred at* 6:10 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F.A. Barnett M.D.
23b. ADDRESS: PARIS, MO
23c. DATE SIGNED: 5-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-8-55
24c. NAME OF CEMETERY OR CREMATORY: OAK GROVE
24d. LOCATION (City, town, or county) (State): MONROE CO., MO.

DATE REC'D BY LOCAL REG.: 5-9-55
REGISTRAR'S SIGNATURE: Elsie Robertson 471
25. FUNERAL DIRECTOR'S SIGNATURE: Speed & Blakey
ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1955

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 E H Dignan

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.