

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15434

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2080

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas		b. COUNTY Miami		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 16 days		c. CITY OR TOWN Paola, Rural		
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		e. STREET ADDRESS (If rural, give location) Rt. 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) Nettie		a. (First) Nettie		b. (Middle) May		
		c. (Last) Fickel		4. DATE OF DEATH (Month) (Day) (Year) May 12, 1955		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		
8. DATE OF BIRTH Sept. 16, 1904		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Miami Co., Kans.		
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Wm. Barnes		13b. MOTHER'S MAIDEN NAME Amelia Neiswander		
14. NAME OF HUSBAND OR WIFE Fred G. Fickel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		
17. INFORMANT'S SIGNATURE OR NAME Fred G. Fickel		ADDRESS Paola, Kans.				
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) pulmonary embolism				INTERVAL BETWEEN ONSET AND DEATH 5 min.
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) thrombosis, pelvic veins				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. brain tumor, post operative				1958
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION metastatic tumor, adeno carcinoma				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 May 1, 1955 , to May 12, 1955 , that I last saw the deceased alive on May 12, 1955 , and that death occurred at 8:30P m., from the causes and on the date stated above.						
23a. SIGNATURE Revis C. Lewis M.D.				23b. ADDRESS 411 Nichols Rd.		
				23c. DATE SIGNED 5-12-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-13-55		24c. NAME OF CEMETERY OR CREMATORY --		
		24d. LOCATION (City, town, or county) (State) Paola, Kans.				
DATE REC'D BY LOCAL REG. 5-13-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Ward B. Runyan		
				ADDRESS Paola, Kans.		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.