

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33976

State File No.

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 87

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>	c. LENGTH OF STAY (in this place) township) <u>763a</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u> <u>05810</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bunton's Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>315 E Grace</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <u>Minnie Frances</u>	b. (Middle) <u>Ficklin</u>	c. (Last)	(Month) <u>10-14</u>	(Day) <u>55</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>10-16-1886</u>	9. AGE (In years - last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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	11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas Phipps</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Emmer</u>	14. NAME OF HUSBAND OR WIFE <u>John (DEC)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Chester Staples</u>	ADDRESS <u>Prairie K</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> <u>Kan^S</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uterine obstruction</u> DUE TO (c) <u>Carcinoma of cervix & pelvic metastasis</u>		
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 <u>171X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1955, to October, 1955, that I last saw the deceased alive on Oct 12, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>George Goyens</u> (Degree or title)	23b. ADDRESS <u>Marceline Mo.</u>	23c. DATE SIGNED <u>10-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>R</u>	24b. DATE <u>10/18/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-17-55</u>	REGISTRAR'S SIGNATURE <u>M J Grogan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe M Laughlin</u> ADDRESS <u>Marceline Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1958

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 Joseph D. Verrill
Licensed Embalmer No. 4425
P. O. Address Waveline, Me

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.