

Health, Welfare
Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22765

STATE FILE NUMBER

FILED JUL 20 1956

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY: <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <i>Missouri</i> b. COUNTY: <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <i>Butler</i>		c. CITY OR TOWN: <i>Montrose 042</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <i>Nursery St.</i>		d. STREET ADDRESS (If outside, give location): <i>3 Mi N of Montrose</i>	

3. NAME OF DECEASED (Type or print) <i>Rose Marie Sickman</i>			4. DATE OF DEATH <i>7-8-1956</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-22-1888</i>	9. AGE (In years last birthday) <i>68</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Iowa City Iowa</i>	
13. FATHER'S NAME <i>Bernard M. Cook</i>			14. MOTHER'S MAIDEN NAME <i>Catherine O'Carroll</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Martin B Sickman</i> Address <i>Montrose Mo</i>	

18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Coronary atherosclerosis</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>July 8, 1956</i> to <i>July 8, 1956</i> and last saw <i>her</i> alive on <i>July 8, 1956</i> Death occurred at <i>10 P. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Carter H. Lutes M.D.</i>	22b. ADDRESS <i>Butler Mo.</i>	22c. DATE SIGNED <i>7-11-56</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>7-11-1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memontown cem</i>	23d. LOCATION (City, town, or county) (State) <i>Henry Co Mo</i>
24. FUNERAL DIRECTOR <i>Sickman-Danning</i>		25. DATE RECD. BY LOCAL REG. <i>7-17-1956</i>	26. REGISTRAR'S SIGNATURE <i>Kendall Korum</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7-0

NOV 28 1951

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 *Robert G. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Battle*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.