

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30333

State File No. 5432

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-MERAMEC</b>		c. CITY OR TOWN <b>SULLIVAN</b>	
c. LENGTH OF STAY (in this place) <b>2 YRS.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		f. STREET ADDRESS (If rural, give location) <b>R.R. 1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WALTER</b>	b. (Middle) <b>EUGENE</b>	c. (Last) <b>FICKE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 26, 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 28, 1894</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SULLIVAN MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>BEVERLY FICKE</b>	13b. MOTHER'S MAIDEN NAME <b>IDA GERKEN</b>	14. NAME OF HUSBAND OR WIFE <b>CLARICE CAREY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WART</b>	16. SOCIAL SECURITY NO. <b>494-07-2399</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CLARICE FICKE SULLIVAN, MO.</b>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MALIGNANCY OF RT MOTOR AREA OF BRAIN-</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 YR.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 24, 1956** to **Sept 26, 1956**, that I last saw the deceased alive on **Sept 25, 1956** and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ronald A. Scott MD</b>	23b. ADDRESS <b>Sullivan Mo</b>	23c. DATE SIGNED <b>9-28-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT 29, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SCHMIDT CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>SULLIVAN, R.R. 1, MO</b>
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DATE REC'D BY LOCAL REG. <b>SEPT. 28, 1956</b>	REGISTRAR'S SIGNATURE <b>Glyde A. Bridger</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. W. E. ...</b>	ADDRESS <b>Sullivan, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 31 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 [Signature], Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed J. G. Humphrey.....

Licensed Embalmer No. 4772

P. O. Address Sullivan, N.Y.

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.