

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34847

STATE FILE NUMBER

FILED NOV 5 - 1956

Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 45

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hawcreek Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Hawcreek Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 miles South Stover</b>			Length of stay in lb <b>48 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>4 miles South Stover</b>	
3. NAME OF DECEASED (Type or print) <b>Peter G. Ficken</b>			4. DATE OF DEATH <b>Oct. 31, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 3, 1880</b>		9. AGE (In years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Benton County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>Claus Ficken</b>			14. MOTHER'S MAIDEN NAME <b>Gesche Wrieden</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-40-3468</b>	17. INFORMANT <b>Agusta Beckmann</b> Address <b>Stover, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEART FAILURE</b> DUE TO (b) <b>SENILITY</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last... PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>794X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
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.) <b>Found dead in bed</b>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>STOVER</b> COUNTY <b>MORGAN</b> STATE <b>MO</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>1:30</b> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE <b>Wm. L. Ripperger</b> (Typed Name) <b>Registrar</b>			22b. ADDRESS <b>STOVER</b>		22c. DATE SIGNED <b>Mo. 11-1-1956</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 2, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Stover Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stover, Mo.</b>
24. FUNERAL DIRECTOR <b>Stover, Mo.</b>		25. DATE RECD. BY LOCAL REG <b>Nov. 1, 1956</b>		26. REGISTRAR'S SIGNATURE <b>Wm. L. Ripperger</b>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed J. H. Johnson  
Licensed Embalmer No. 40

P. O. Address Sover

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