

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015768
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4089

Health, Welfare, Public Service, 300, -56, Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be casually 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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis, Missouri Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Masonic Home of Mo. Length of stay in lb 3-2-57 to 4-13-58		d. STREET ADDRESS (If outside, give location) 3/	
3. NAME OF DECEASED (Type or print) Clara C Ficklin		4. DATE OF DEATH 4-13-58	
5. SEX F	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 1, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Boone County, Mo.	
13. FATHER'S NAME Wm/A. Head		14. MOTHER'S MAIDEN NAME Mathilda Jamison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		331x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-2-57 to 4-13-58 and last saw her alive on 4-13-58 Death occurred at 9:45 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold E. Walters M.D.		22b. ADDRESS 3720 Washington St. Louis Mo	
22c. DATE SIGNED 4-14-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 4-15-58	
23c. NAME OF CEMETERY OR CREMATORY Columbia		23d. LOCATION (City, town, or county) (State) Columbia, Missouri	
24. FUNERAL DIRECTOR Lyman Sprinkle		25. DATE RECD. BY LOCAL REG. APR 15 '58	
ADDRESS Columbia, Missouri		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.	

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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 NOT EMBALMED Student Embalmer No. working under my personal supervision..

Student [Signature]
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No.

P. O. Address

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.