

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044670
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 155 Primary Registration District No. 4245 Registrar's No. 241

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oronogo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Oronogo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 211 Munson St.		Length of stay in lb 25 Yrs.	d. STREET ADDRESS (If outside, give location) 211 Munson St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Carl A. Stickney			4. DATE OF DEATH Month Day Year Dec. 20, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 17, 1917	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 5 Days 3 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Carthage Marble Co.)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joe Stickney		13b. MOTHER'S MAIDEN NAME Laura Patterson		14. NAME OF HUSBAND OR WIFE Betty Stickney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 2		16. SOCIAL SECURITY NO. 494-18-0311		17. INFORMANT Betty Stickney 211 Munson St. Oronogo, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 1 minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) UNKNOWN					
DUE TO (c)					
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"/>
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.) 4201		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 12/18/58 to 12/20/58 and last saw her/him alive on 12/18/58 Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name, degree or title) Na Wells-Webb & O.			22b. ADDRESS WEBB CITY, MISSOURI		22c. DATE SIGNED 12/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-23-58	23c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery		23d. LOCATION (City, town, or county) (State) Oronogo, Mo.
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Webb City, Mo.			25. DATE RECD. BY LOCAL REG. 12-23-58		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

Wm. Wells-Webb - DUE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No abbreviations will be stated. All diseases in Part I must be causally related.

40

JAN 8 1959

FEB 6 1959

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 *Jack C. Simpson*
Licensed Embalmer No. *4647*
P. O. Address *Webb City, Mo*

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.