ealth,
Welfare
ublic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006523
STATE FILE NUMBER

FILE MAR 2 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Maryville — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 710 So. Walnut — Length of stay in Ib: 20 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Nodaway
c. CITY OR TOWN: Maryville — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 710 So. Walnut — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JERENE Middle: J. Last: STICKLEY

4. DATE OF DEATH: Month: 2 Day: 20 Year: 59

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 2/2/1900

9. AGE (In years Last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and state or country): Long Island, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Arthur Sedman

13b. MOTHER'S MAIDEN NAME: Lillian Easton

14. NAME OF HUSBAND OR WIFE: John S. Stickley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: John S. Stickley, Maryville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1956, to 2/20/59 and last saw her alive on 2-19-1959.
Death occurred at 1:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. E. Dunshee M. D.

22b. ADDRESS: Maryville, Missouri

22c. DATE SIGNED: Feb 23, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 2/23/59

23c. NAME OF CEMETERY OR CREMATORY: Miriam

23d. LOCATION (City, town, or county) (State): Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo

25. DATE RECD. BY LOCAL REG.: 2-23 59

26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Curtis E. Kinsley

Licensed Embalmer No. 4936

P. O. Address Maryville

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.