

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **296**

63-027701

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 2 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Cole</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City, Mo.</b>		c. CITY OR TOWN <b>Jefferson City, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Marys Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>218 W Cedar</b>	
3. NAME OF DECEASED (Type or print) First <b>MAMIE</b> Middle <b>FICK</b> Last <b>FICK</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>20</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 16, 1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brinktown, Mo</b>	9. AGE (last birthday) <b>67</b>
13a. FATHER'S NAME <b>Mike Brandel</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Koerber</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</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.	17. INFORMANT <b>Elias Fick J C Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Thrombosis of the heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <b>Jefferson City, Mo</b>
21. I attended the deceased from <b>1-2-8-58</b> to <b>7-20-63</b> and last saw her alive on <b>7-20-63</b>		Death occurred at <b>3 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Evelyn P. Sugarbaker, M.D.</i>		22b. ADDRESS <b>Jefferson City, Mo</b>	22c. DATE SIGNED <b>7/24/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/23, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brinktown</b>	23d. LOCATION (City, town, or county) <b>Brinktown, Mo</b>
24. FUNERAL DIRECTOR <b>Dulle Funeral Home J C Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>27 July 1963</b>	26. REGISTRAR'S SIGNATURE <i>Theresa Richter</i>

VS 300  
Rev. 4/59

1 0269

2 0269

3

4 1

5 1

6

7 0

8 2

9 170X

10

11

12 2-0

13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1035 1035

JUN 7 1965

JAN 29 1964

1035  
1035

0 8

0 - 8

**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 Jefferson C. Cullen

Licensed Embalmer No. 4381

P. O. Address Jefferson C. Cullen

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.