

FILED FEB 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1789

State File No.

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 205

58
2
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Rinn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Rinn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marceline</u>	
c. LENGTH OF STAY (in this place) <u>60</u>		d. STREET ADDRESS (If rural, give location) <u>219 E. Lake</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Noble</u>	
c. (Last) <u>Zicklin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 2</u>	8. DATE OF BIRTH <u>March 26 1879</u>
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>miner</u>	
11. BIRTHPLACE (State or foreign country) <u>Randolph Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Clay Zicklin</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Adelaide Rootwell - Rosalee Rogers</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Flora Pass Marceline</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>488-14-8883</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flora Pass Marceline</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>chronic pyelonephritis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>6000</u>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Left hemiplegia</u>		<u>4 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>0</u>		22. I hereby certify that I attended the deceased from <u>July 1946</u> , to <u>Jan. 29, 1949</u> , that I last saw the deceased alive on <u>Jan. 28, 1949</u> , and that death occurred at <u>4:20 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Philip A. Ottman, M.D.</u>		23b. ADDRESS <u>Marceline, Mo.</u>	
23c. DATE SIGNED <u>1/30/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>Jan 31 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Olive</u>	
24d. LOCATION (City, town, or county) (State) <u>Marceline Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Mangum</u>	
DATE REC'D BY LOCAL REG. <u>1-31-1949</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>401 James Mangum</u>		ADDRESS <u>Marceline Mo</u>	

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.

Signed _____ *Dale Bunch*

Signed _____
Student Embalmer

Licensed Embalmer No. *4088*

P. O. Address *Marshall, 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 this body is not embalmed, fact should be so stated above.