

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12007

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5442</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Richland Twp</u>		c. LENGTH OF STAY (in this place) <u>68 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pershing</u>		37	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mi. N. of Pershing</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LOUISE</u>		b. (Middle) <u>AUGUSTA</u>		c. (Last) <u>KICKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 14, 1878</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Fred Rieks</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Bocks</u>		14. NAME OF HUSBAND OR WIFE <u>Frank J. Kicker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank L. Kicker, Pershing, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>5810</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-18</u> , 19 <u>48</u> , to <u>4-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>49</u> , and that death occurred at <u>8:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Cavel T. Shaw, M.D.</u>				23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>4-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pershing, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/30/49</u>		REGISTRAR'S SIGNATURE <u>R. M. Munderwiller</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hugot H. Chesser</u>		ADDRESS <u>Hermann, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9  
District File Number  
MAY 10 1949  
Date Filed

MAY 12 1949

**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No. \_\_\_\_\_  
*Hugo Plummer*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.