

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16760

BIRTH NO. 32380-49 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Wodaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 3hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio		2
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			d. STREET ADDRESS (If rural, give location) 1		
3. NAME OF DECEASED (Type or Print) a. (First) Jamesrt b. (Middle) Frédrick c. (Last) Sickler			4. DATE OF DEATH (Month) (Day) (Year) May 28 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH May 28, 1949	9. AGE (In years last birthday) 5 1/2	IF UNDER 1 YEAR Months 5 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tarkio, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Herbert Lee Sickler		13b. MOTHER'S MAIDEN NAME Leta Mae Gish		14. NAME OF HUSBAND OR WIFE infant	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME H.L. Sickler		ADDRESS Tarkio, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) gestation Premature birth (5 1/2 months)				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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.				376X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 May 28, 1949 , to May 28, 1949 , that I last saw the deceased alive on May 28, 1949 , and that death occurred at 7 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE J.P. Wemp (Degree or title) M.D.		23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 5/31/49	
24a. BURIAL CREMATION REMOVAL (Specify) burial	24b. DATE 5/28/49	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio, Mo.		
DATE REC'D BY LOCAL REG 6-3-49	REGISTRAR'S SIGNATURE Beas Holt	25. FUNERAL DIRECTOR'S SIGNATURE 229		ADDRESS Davis Funeral Home Tarkio, Mo.	

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

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
Student Embalmer

Signed.....

John M. Davis
Licensed Embalmer No.2394.....

P. O. Address.....Tarkio, 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.