FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31180

BIRTH NO. _____ REG. DIST. NO. 24 PRIMARY REG. DIST. NO. 436 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: New Madrid,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morehouse, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: N. Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morehouse, Mo. 72
d. STREET ADDRESS (If rural, give location): Morehouse, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Lilia
b. (Middle): (E)
c. (Last): Tickell

4. DATE OF DEATH (Month) (Day) (Year): Sept. 28 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 14, 1860
9. AGE (In years last birthday): 89 — 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: - - - - -
11. BIRTHPLACE (State or foreign country): New Madrid, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Oscar Summers
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: L. A. Tickell

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.: - - -
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. H. Boone
ADDRESS: Morehouse, Mo.

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) Arterio Sclerosis Generalized — INTERVAL BETWEEN ONSET AND DEATH: 10 years

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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): Morehouse New Madrid Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1940, *to* 9-28, 1949, *that I last saw the deceased alive on* 9-28, 1949, *and that death occurred at* 0:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. M. Sarno, M.D.
23b. ADDRESS: Morehouse, Mo.
23c. DATE SIGNED: 10-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 1, 1949
24c. NAME OF CEMETERY OR CREMATORY: City (Sikeston)
24d. LOCATION (City, town, or county) (State): Sikeston, Scott, Mo.

DATE REC'D BY LOCAL REG.: 10-11-49
REGISTRAR'S SIGNATURE: Thomas M. Sheeter 220
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Taylor Funeral Home Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT
District Health Offic
District File Number 16
Date Filed

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 J. E. McMikle
Licensed Embalmer No. 4695
P. O. Address Sikeston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.