

FILED MAR 29 1951
60725-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9806

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town or township) Leadington		c. CITY (If outside corporate limits, write RURAL and give township) Leadington	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Vicky b. (Middle) Lynn c. (Last) Van Sickle			4. DATE OF DEATH (Month) (Day) (Year) March 18 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 23, 1950	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bonne Terre, Mo.
12. CITY OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Woodrow Van Sickle	13b. MOTHER'S MAIDEN NAME Mildred Evens	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME Woodrow VanSickle, Leadington, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Injury at Birth DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			492X

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) (Minute)	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 Mar 16, 1951 , to Mar 18, 1951 , that I last saw the deceased alive on Mar 17, 1951 , and that death occurred at 7:55 p.m. , from the causes and on the date stated above.		

23a. SIGNATURE L. M. Stanley (Degree or title)	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 3/20/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 20, 1951	24c. NAME OF CEMETERY OR CREMATORY Three Rivers Cemetery
		24d. LOCATION (City, town, or county) (State) Near Farmington Mo.

DATE REC'D BY LOCAL REG. Mar 20, 1951	REGISTRAR'S SIGNATURE Eather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Cozart ADDRESS Farmington Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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0940
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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 26 1951

RECEIVED

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 4084

P. O. Address Farmington, Ct.

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.