

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

42284

State File No. ....

FILED JAN 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 414

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0644</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>445 South Sixth</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 445 South Sixth</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>445 South Sixth</u>	

3. NAME OF DECEASED (Type or Print) <u>Lena Sickles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 30, 1951</u>	
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 16, 1863</u>	9. AGE (In years last birthday) <u>88</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u> <u>9</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13a. FATHER'S NAME <u>Stephen McRae</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Hendrick</u>	14. NAME OF HUSBAND OR WIFE <u>William Sickles</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Morris Stanley Hannibal Missouri</u>		ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asthenic elevated Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>
	ANTECEDENT CAUSES <i>Abnrd conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Arched fracture, hip finger</u>		<u>10 yr</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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200 F.</u>

22. I hereby certify that I attended the deceased from Dec 10, 1951, to Dec 30, 1951, that I last saw the deceased alive on Dec 10, 1951, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. ...</u>	(Degree or title)	23b. ADDRESS <u>Hannibal Mo.</u>	23c. DATE SIGNED <u>1/2/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountr Clivet</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-7-52</u>	REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. ...</u>	ADDRESS <u>Hannibal Missouri</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 8 1952  
WAGON CO. HEALTH DEPT.  
DATE FILED JAN 8 1952

**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 S. Stand  
Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.