

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3987**

FILED MAR 3 1952

BIRTH. NO.		REG. DIST. NO. 37	PRIMARY REG. DIST. NO. 4049	Registrar's No. 11
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) Centralia		c. CITY (If outside corporate limits, write RURAL and give township) Centralia 0100		
c. LENGTH OF STAY (In this place) 8 Mo.		d. STREET ADDRESS (If rural, give location) 315 S. Rollins		
d. FULL NAME OF HOSPITAL OR INSTITUTION Way Nursing Home				
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Mack c. (Last) Ficklin		4. DATE OF DEATH (Month) (Day) (Year) Feb. 25 - 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 28 - 1862	9. AGE (In years last birthday) Months Days 89 11 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Archibald Ficklin		13b. MOTHER'S MAIDEN NAME Elizabeth Johnson	14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish-American		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Helle Ficklin ADDRESS Centralia, 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio sclerosis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy & urinary incontinence		INTERVAL BETWEEN ONSET AND DEATH ?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500		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) Centralia Boone Mo.	
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 Feb. 1950 , to Feb 25, 1952 , that I last saw the deceased alive on Feb 25, 1952 , and that death occurred at 2:15 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE P. O. Edmondson M.D. (Degree or title)		23b. ADDRESS Centralia, Mo		23c. DATE SIGNED Feb 26, 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/27/1952	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	24d. LOCATION (City, town, or county) (State) N.W. Centralia, Mo.	
DATE REC'D BY LOCAL REG. Feb. 26 - 1952	REGISTRAR'S SIGNATURE Maud McBride	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Kellum, Centralia, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 8
1953

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 Paul J. Baller - -

Licensed Embalmer No. 4206

P. O. Address Centraria, 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.