

STANDARD CERTIFICATE OF DEATH

State File No. 7859

LED MAR 25 1952

BIRTH NO.		REG. DIST. NO. 87		PRIMARY REG. DIST. NO. 5324		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Franklin <i>Crowford Boone</i>				2. USUAL RESIDENCE (Where deceased lived.) a. STATE Missouri b. COUNTY Franklin <i>Rural Boone</i>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Bourbon		c. LENGTH OF STAY (in this place) 55 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bourbon, Mo. Rural Boone			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Rural				d. STREET ADDRESS Bourbon, Mo. Rural #10280			
3. NAME OF DECEASED (Type or Print)		a. (First) Dora		b. (Middle) Ellen		c. (Last) Lickliger	
4. DATE OF DEATH		(Month) 3-		(Day) 16		(Year) 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1-12-1869	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 2		IF UNDER 1 YEAR Days 4		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Dotter		13b. MOTHER'S MAIDEN NAME Isabelle Woff		14. NAME OF HUSBAND OR WIFE James L. Lickliger			
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 Glenn Lickliger Sullivan, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial decompensation</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Coronary artery disease</i> DUE TO (c) <i>Viral pneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>15 months</i> <i>5 days</i>	
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) <i>4201</i>			
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 <i>2-20</i> , 1951, to <i>3-15</i> , 1952, that I last saw the deceased alive on <i>3/15</i> , 1952, and that death occurred at <i>12:15 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Donald A. Scott</i>				23b. ADDRESS <i>50 Bourbon Mo</i>		23c. DATE SIGNED <i>3-17-52</i>	
24a. BURIAL CREMATION (Specify) <i>Burial</i>		24b. DATE <i>3-18-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Crow</i>		24d. LOCATION (City, town, or county) (State) <i>E. Franklin Co. Mo</i>	
DATE REC'D BY LOCAL REG. <i>3/17/52</i>		REGISTRAR'S SIGNATURE <i>Ed Long 75</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Glenn Lickliger Sullivan</i> ADDRESS <i>1100</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

1952-3-16
1869-1-12

83-2-4

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 D. J. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4520

P. O. Address Fullerton, n

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.