

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 32224

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 196

0592  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chillicothe 0592</u>		d. STREET ADDRESS (If rural, give location) <u>206 Ryan, St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>206 Ryan, St.</u>			d. STREET ADDRESS (If rural, give location) <u>206 Ryan, St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>A.</u> c. (Last) <u>Sickler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 16 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>	11. BIRTHPLACE (State or foreign country) <u>Rockport, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Amos Sickler</u>		13b. MOTHER'S MAIDEN NAME <u>Celia Jane Province</u>		14. NAME OF HUSBAND OR WIFE <u>Goldie Sickler</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>		16. SOCIAL SECURITY NO. <u>486128886</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. A. Sickler</u> ADDRESS <u>Chillicothe, MO</u>		
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) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> 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 <u>4222</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?		
22. I hereby certify that I attended the deceased from <u>Jan 1, 1948</u> , to <u>Sept 16, 1952</u> , that I last saw the deceased alive on <u>Sept 15, 1952</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>A. Calher</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>9-17-52</u>
24a. BURIAL OR CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Avalon</u>		24d. LOCATION (City, town, or county) (State) <u>Avalon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-17-52</u>	REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home Chillicothe Mo.</u> ADDRESS _____		

**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 Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, 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.