

S. No. 300  
v. 10.48

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **34209**

FILED OCT 28 1952

BIRTH NO.		REG. DIST. NO. <b>37</b>		PRIMARY REG. DIST. NO. <b>4049</b>		Registrar's No. <b>48</b>	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY OR TOWN <b>Centralia</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Centralia</b>		0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Way Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>315 So Rollins</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Belle</b>		c. (Last) <b>Ficklin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 20 - 1952</b>	
5. SEX <b>Female</b>		6. COLOR OR COMPLEXION <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Nov. 18 - 1860</b>	
9. AGE (In years last birthday) <b>91</b>		10. MONTHS <b>11</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>			
13a. FATHER'S NAME <b>Archibald Ficklin</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Johnson</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J. W. Fasson</b> ADDRESS <b>Centralia, Mo.</b>			
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) <b>Chronic myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Duration <b>unknown</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 2, 1946</b> , to <b>October 20, 1952</b> , that I last saw the deceased alive on <b>Oct. 19, 1952</b> , and that death occurred at <b>9:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. Lachance M.D.</b>				23b. ADDRESS <b>110 W. Sneed, Centralia, Mo.</b>		23c. DATE SIGNED <b>10/23/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 22 - 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Centralia, Mo. R.F.D.</b>	
DATE REC'D BY LOCAL REG. <b>Oct 23 1952</b>		REGISTRAR'S SIGNATURE <b>Maud M. Bride</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rene Q. Ballou, Centralia, Mo.</b>			

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

FEB 11 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. Bell*

Licensed Embalmer No. *4206*

P. O. Address *Centerville, 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.