

REC'D DEC 4 1952

## STANDARD CERTIFICATE OF DEATH

State File No. 529

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u> Registrar's No. <u>529</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>1 Week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piedmont, 1110</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>/</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u>			b. (Middle) <u>Dale</u>		c. (Last) <u>Sickles</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>11 12 1952</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/20/1879</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u> IF UNDER 24 HRS. Hours <u>/</u> Min. <u>/</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana /</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>William H. Sickles</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Hyatt Sickles</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruby Worley Sickles</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>702-16-4875</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Sickles, Piedmont, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH		II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Active return</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Nov. 5</u> , 19 <u>52</u> , to <u>Nov. 12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov. 12</u> , 19 <u>52</u> , and that death occurred at <u>6:05 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. H. Johnson</u> (Type or title)			23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>Nov 24, 1952</u>
24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery, Piedmont, Missouri</u>	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <u>Nov. 26 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>William Fisher</u>		ADDRESS <u>Piedmont, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 2 1952

BUTLER CO. HEALTH CENTER

FILE No.

1252-574

JAN 2 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 \_\_\_\_\_

..... Coder Funeral Home ..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed William Coder .....

Licensed Embalmer No. 3723 .....

P. O. Address Piedmont, 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.