

STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1954

REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5099 Registrar's No.

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

1. PLACE OF DEATH
 a. COUNTY **Bates**
 b. CITY (If outside corporate limits, write RURAL and give town) **Rural Walnut**
 c. LENGTH OF STAY (to this place) **Life**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Hume R.F.D. 1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri**
 b. COUNTY **Bates**
 c. CITY OR TOWN **Rural Walnut**
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **Rural Hume R.F.D. 1** 0070

3. NAME OF DECEASED (Type or Print)
 a. (First) **Ollie**
 b. (Middle) **Annie**
 c. (Last) **Tickel**

4. DATE OF DEATH (Month) (Day) (Year) **2-4-1954**

5. SEX **F**
 6. COLOR OR RACE **W**
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
 8. DATE OF BIRTH **12-25-1872**
 9. AGE (In years last birthday) **81** IF UNDER 1 YEAR Months **1** Days **9** IF UNDER 12 HRS. Hours **9** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
 10b. KIND OF BUSINESS OR INDUSTRY **Home**
 11. BIRTHPLACE (City and State or Foreign Country) **Macan Co. Missouri**
 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Jerry Tibbs**
 13b. MOTHER'S MAIDEN NAME **Elizabeth Riggs**
 14. NAME OF HUSBAND OR WIFE **Andrew Tickle**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. **NONE**
 17. INFORMANT'S SIGNATURE OR NAME **Eva Courton** ADDRESS **Hume, 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary edema**
 ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **cardiac decompensation**
 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 **2 days**
2 years

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR?
4343

22. I hereby certify that I attended the deceased from **Apr. 1948**, to **Feb. 2nd, 1954**, that I last saw the deceased alive on **Feb. 2nd, 1954**, and that death occurred at **m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **L. S. Lattner, M.D.**
 23b. ADDRESS **Butler Mo**
 23c. DATE SIGNED **2-5-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
 24b. DATE **2-6-1954**
 24c. NAME OF CEMETERY OR CREMATORY **Salem Cemetery**
 24d. LOCATION (City, town, or county) (State) **Foster, Mo.**

DATE REC'D BY LOCAL REG. **2-6-1954**
 REGISTRAR'S SIGNATURE **Fern Martin**
 25. FUNERAL DIRECTOR'S SIGNATURE **John H. Underwood** ADDRESS **Butler Mo**

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.....
Signature of Student Embalmer

Signed.....

John G. Underwood

Licensed Embalmer No. 358

P. O. Address. Butler

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.