

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3809

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 42

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico	c. LENGTH OF STAY (in this place) 4 mo	c. CITY OR TOWN Mexico	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Allen Nursing Home		STREET ADDRESS (If rural, give location) 1114 N. Clark 00430	

3. NAME OF DECEASED (Type or Print) Susie Ficklin			4. DATE OF DEATH Feb 20, 1955		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 4, 1876		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse.		10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W. Ficklin		13b. MOTHER'S MAIDEN NAME Martha McCard		14. NAME OF HUSBAND OR WIFE none	
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 Mrs. Eva Lee Hinton ADDRESS Mexico, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

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) 331 X (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 Oct 12, 1954, to Feb 20, 1955, that I last saw the deceased alive on Feb 19, 1955, and that death occurred at 6:00 m., from the causes and on the date stated above.

23a. SIGNATURE Charles L. Garcia, M.D. (Degree or title)		23b. ADDRESS Mexico Mo		23c. DATE SIGNED 2-21-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-23-55		24c. NAME OF CEMETERY OR CREMATORY Salt River Cemetery	
				24d. LOCATION (City, town, or county) (State) Audrain Co., Mo.	

DATE REC'D BY LOCAL REG. Feb 23, 1955		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home ADDRESS Mexico Mo.	
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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 *Ray Miller*.....

Licensed Embalmer No. *44*

P. O. Address *Mexico*

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.