

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9291

State File No.

No. 300
10.48

FILED MAR 22 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 78

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>ST. FRANCOIS</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>	c. LENGTH OF STAY (in this place)	a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN <u>Desloge</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		e. STREET ADDRESS (If rural, give location) <u>200 Montoc</u>	<u>0940</u>

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>MARtha</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>STICKLAND</u>	(Month) <u>MAR.</u>	(Day) <u>14</u>	(Year) <u>1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>DEC. 24, 1874</u>	9. AGE (In years last birthday) <u>79</u>	10. IF UNDER 28 HRS. Months <u>2</u> Days <u>20</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>VICTORIA, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jessie Elders</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES STICKLAND</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Stickland</u>	ADDRESS <u>Desloge, Mo.</u>
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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) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinsons Disease</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>350 X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Mar 1950 **to** 3-14, 1955, **that I last saw the deceased alive on** 3-14, 1955, **and that death occurred at** 7:30 P.M., **from the causes and on the date stated above.**

23a. SIGNATURE <u>N. O. Gaule M.D.</u> (Degree or title)	23b. ADDRESS <u>Desloge Mo</u>	23c. DATE SIGNED <u>3-15-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODMAN</u>	24d. LOCATION (City, town, or county) (State) <u>FLAT RIVER, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 15, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>	ADDRESS <u>Flat River, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0940

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 *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River*

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.