

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18487

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Iron			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Iron		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Arcadia		c. LENGTH OF STAY (In this place) 3yr. 11mo	c. CITY (If outside corporate limits, write RURAL and give township) 2602 Rural-Arcadia		0470
d. FULL NAME OF HOSPITAL OR INSTITUTION Home for Aged Baptists			d. STREET ADDRESS (If rural, give location) 1 1/2 mi. E. on Highway 70		
3. NAME OF DECEASED (Type or Print) Louise Margaret Sickafoose			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH June 9, 1955			4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 26, 1865	9. AGE (In years last birthday) 89	10. IF UNDER 1 YEAR Months 6 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Fremont, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Gootlied Fisher		13b. MOTHER'S MAIDEN NAME Anna Von Ruben		14. NAME OF HUSBAND OR WIFE Willis F. Sickafoose	
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 Dolores Weiss		
			ADDRESS Ironton, 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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)		
DUE TO (c) 4222					
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 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)		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 May 20, 1953, to June 9, 1955, that I last saw the deceased alive on June 9, 1955, and that death occurred at Ironton, Mo., from the causes and on the date stated above.					
23a. SIGNATURE J.H. McIntosh M.D.		23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 6-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-11-55	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Ironton, Mo.		
DATE REC'D BY LOCAL REG. 6-13-55		REGISTRAR'S SIGNATURE Mrs. Avis Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home Ironton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Arnell White*

Licensed Embalmer No. 3012

P. O. Address *San Antonio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.