

FILED JUL 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19093

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5378 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Blue</u>		c. CITY OR TOWN <u>Des Moines</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>557 F. Shannon Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>71 Hwy & River Blvd.</u>			

3. NAME OF DECEASED a. (First) <u>Fred</u> (Type or Print)			b. (Middle) <u>E.</u>			c. (Last) <u>Fickes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 20, 1926</u>		9. AGE (In years last birthday) <u>29</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Des Moines, Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Fred F. Fickes</u>			13b. MOTHER'S MAIDEN NAME <u>Florence Conner</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Evelyn Fickes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give way or dates of service) <u>WW II</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evelyn Fickes</u> ADDRESS <u>Des Moines, Iowa</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Strangulation</u> <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u>		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) <u>fractured neck</u>			
DUE TO (c) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>E8101</u> <u>26</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Jackson</u> (COUNTY) <u>Mo</u> (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-2-55</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car & Truck Collision</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter H. Owens Coroner</u> (Degree or title)		23b. ADDRESS <u>1034 Riatts Blvd</u>		23c. DATE SIGNED <u>7-2-55</u>	
24a. BUFILE, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 2, 1955</u>		24c. NAME OF CEMETERY OR CREMAZOR _____	
24d. LOCATION (City, town or county) <u>Des Moines, Iowa</u>		24e. (State) _____			

DATE REC'D BY LOCAL REG. <u>7-2-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u> ADDRESS <u>Independence, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

200

JUL 29 1955

JUL 29 1955

APR 18 1955

JUL 19 1955

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 *Dean W. Huff*

Licensed Embalmer No. *491*

P. O. Address *Independence*

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.