

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15877

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <b>COLE.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>OSAGE</b>		
b. CITY OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (in this place) <b>12 Hrs.</b>	c. CITY OR TOWN <b>Freeburg</b>		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 <b>C.E. Still Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>None</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>KAREN</b> b. (Middle) <b>ANN</b> c. (Last) <b>Licko</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 24, 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>October 8 1954.</b>		9. AGE (In years last birthday) <b>1</b> if UNDER 1 YEAR Months Days if UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Licko</b>		13b. MOTHER'S MAIDEN NAME <b>MARCELLA Wimper</b>		14. NAME OF HUSBAND OR WIFE <b>NONE.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARCELLA Wimper Freeburg, Mo.</b>		
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) <b>Medullary Paralysis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Complete loss Cerebral Spinal Fluid</b> DUE TO (c) <b>Rupture of Spina Bifida Meningomyelocle</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>None.</b>	19b. MAJOR FINDINGS OF OPERATION <b>751X</b>		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) (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 <b>May 23, 1956</b> , to <b>May 24, 1956</b> , that I last saw the deceased alive on <b>May 23, 1956</b> , and that death occurred at <b>2:35 A m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Eugene S. Rokoff</b>		23b. ADDRESS <b>76 Jefferson City, MO</b>		23c. DATE SIGNED <b>May 24, 1956.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 26, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Linn Public</b>	24d. LOCATION (City, town, or county) (State) <b>Linn, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>25 May 1956</b>	REGISTRAR'S SIGNATURE <b>R.P. Warren MD-MR</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>North Funeral Home, Linn, Mo.</b>			

(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.....  
Signature of Student Embalmer

Signed.....*Thomas M. Mont*

Licensed Embalmer No.....*412*

P. O. Address.....*Leam*

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.