

FILED OCT 11 1956

STANDARD CERTIFICATE OF DEATH

31368

STATE FILE NUMBER

Registration District No. 200

Primary Registration District No. 576

Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clarence Middle Fork</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Clarence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 S.W. Clarence Mo.</u> Length of stay in lb		d. STREET ADDRESS (If outside location) <u>4 S.W. Clarence Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Zephanaih Robert Icke</u> First Middle Last			4. DATE OF DEATH <u>Sept 19th 1956</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 3rd 1879</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>		11. BIRTHPLACE (City and state or country) <u>Nodaway Co Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Zephaniah R Icke</u>		
14. MOTHER'S MAIDEN NAME <u>Mary Ann Combs</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>Mrs Lloyd Hutcherson</u> Address <u>Clarence Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocarditis (45 yrs +)</u>		<u>1 mo +</u>
	DUE TO (c) <u>Atherosclerosis</u>		<u>unk</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>8-18-52</u> to <u>8-23-56</u> and last saw <u>him</u> alive on <u>9-17-56</u> Death occurred at <u>7:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <u>Miss Patricia M. O'Clarence, Mo.</u>		22b. ADDRESS <u>Clarence, Mo</u>	22c. DATE SIGNED <u>9-21-56</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9/21/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodville Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Woodville Mo</u>
-------------------------------------------	--------------------------	--------------------------------------------------------------	-------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>Barkeley & Davis</u> ADDRESS <u>Clarence Mo.</u>	25. DATE RECD. BY LOCAL REG <u>Oct 1, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u>
------------------------------------------------------------------------------	------------------------------------------------	------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

300
7-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

COURT F. I. D. 10.56.153
DATE FILL D. 10.9.86

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 *Henry A. Barkeloe*

Licensed Embalmer No. 38

P. O. Address *Helburn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.