

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18164

State File No.

FILED MAY 20 1957

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. CITY OR TOWN <u>SEDALIA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>18 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>519 West 4th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>BOTHWELL MEMORIAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SENA</u>	b. (Middle) <u>K.</u>	c. (Last) <u>FICKEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 21, 1876</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Claus Koenke</u>	13b. MOTHER'S MAIDEN NAME <u>Agacia (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Ficken</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. P. V. Scotten, Sedalia, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cholecystitis, with Cholelithiasis, and obstruction of common duct.</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ 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 <u>Autopsy on May 10, 1957 - Five stones in common duct, one large stone in gall bladder.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from May 8, 1957, to May 10, 1957, that I last saw the deceased alive on 11 P.M. 5/9, 1957, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frances Shelby</u> (Degree or title)	23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>May 10, 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/12/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tonia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-12-57</u>	REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Francis Shelby</u> ADDRESS <u>Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3410

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.....
Rhane Ewing

Licensed Embalmer No. *387*

P. O. Address *Sealia*

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.