

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1958

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5046 Registrar's No. 2

11th,
office
public
vice

20
57

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Crane Creek</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Crane</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>R.F.D # 1</u>
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Licket</u> Last <u>Licket</u>			4. DATE OF DEATH Month <u>January</u> Day <u>3</u> Year <u>1958</u>
5. SEX <u>Female</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 1 - 1907</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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	11. BIRTHPLACE (City and state or country) <u>Omaha Neb</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Ubeck</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Ubeck</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Licket</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. <u>507-01-3568</u>	17. INFORMANT <u>Walter Licket</u> Address <u>Crane Missouri</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>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Severe Aplastic Anemia</u> DUE TO (c) <u>inf</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2924</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> 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 <u>3:10 P</u> Month <u>11</u> Day <u>30</u> Year <u>57</u> a.m. p.m.			
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>Apr 3, 1958</u> to <u>11-30-57</u> and last saw her alive on <u>11-30-57</u> Death occurred at <u>3:10 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Degree or title) <u>Emelillus M.D.</u>		22b. ADDRESS <u>200 S. Elliott Huron</u>	22c. DATE SIGNED <u>Jan 4/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>Crane Missouri</u>
24. FUNERAL DIRECTOR <u>George H. Mauler</u> ADDRESS <u>Crane Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-7-1958</u>	26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 158-18

DATE REC. 1-13-58

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, ~~et al~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed George H. Maulok

Licensed Embalmer No. 3827

P. O. Address Crane mo

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.