

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1096**

FILED JAN 23 1958

BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **4228** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Glasgow		c. LENGTH OF STAY (In this place) 2 mo	c. CITY OR TOWN Glasgow
d. FULL NAME OF HOSPITAL OR INSTITUTION Clay St		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Clay St 0430	

3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) DALE c. (Last) SICKMAN			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Oct. 14, 1954	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 2 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and State or Foreign Country) Boonville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Eugene Sickman	13b. MOTHER'S MARDEN NAME Louise Neidenschulte	14. NAME OF HUSBAND OR WIFE Child
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Child	16. SOCIAL SECURITY NO. Child	17. INFORMANT'S SIGNATURE OR NAME Mr. G. D. Sickman ADDRESS Glasgow Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe 3rd Degree Burn INTERVAL BETWEEN ONSET AND DEATH Immediate	
ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Accidental Burn	
		DUE TO (c) Explosion	
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	20. AUTOPSY? Yes YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY TOWN OR TOWNSHIP) Glasgow (COUNTY) Howard (STATE) MO
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21d. TIME OF INJURY (Month) (Day) (Year) Jan 7 - 1958	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Oil Stone Explosion
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I hereby certify that I attended the deceased from **1-7-1958** to **1-7-1958**, that I last saw the deceased **1-7-1958**, and that death occurred at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE W. Bloom M. D. Corner (Degree or title) 2	23b. ADDRESS Fayette MO	23c. DATE SIGNED 1-7-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 9, 1958	24c. NAME OF CEMETERY OR CREMATORY Washington	24d. LOCATION (City, town, or county) (State) Glasgow Mo
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DATE REC'D BY LOCAL REG 1-8-1958	REGISTRAR'S SIGNATURE Walker Audsley	FUNERAL DIRECTOR'S SIGNATURE Audsley ADDRESS Tremont, Glasgow, Mo
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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 Not Embalmed..... Student Embalmer No.....

working under my personal supervision Treated Only

Student.....
Signature of Student Embalmer

Signed Ed W. Mumford.....

Licensed Embalmer No. 397.....

P. O. Address Glasgow, Pa......

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.