URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-039351

STATE FILE NUMBER

FILED VS DEC 10 1959

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 112

NDED

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EXCELSIOR SPRINGS — Length of stay in 1b 15 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 312 W BROADWAY — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CLAY
c. CITY OR TOWN EXCELSIOR SPRINGS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 312 W BROADWAY — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARY Middle LOIS Last TICKLE

4. DATE OF DEATH Month NOV Day 25, Year 1959

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH SEPT 15, 1864

9. AGE (last birthday) 95 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (City and state or country) HOLT, MO

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME MATHEW YATES

13b. MOTHER'S MAIDEN NAME RACHEL COOK

14. NAME OF HUSBAND OR WIFE QUINTON TICKLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address MRS NELLIE BOWLES, EX SPG'S, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive heart failure	sev. days
DUE TO (b)	arteriosclerosis	years
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 11/18/59, to 11/25/59 and last saw her/him alive on 11/25/59
Death occurred at 9:30 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S R M Craiken M. D.

22b. ADDRESS Excelsior Springs, Mo.

22c. DATE SIGNED 12/3/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE NOV 27, 59

23c. NAME OF CEMETERY OR CREMATORY ANTIOCH

23d. LOCATION (City, town, or county) (State) HOLT, MISSOURI

24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri

25. DATE RECD. BY LOCAL REG. 12/4/59

26. REGISTRAR'S SIGNATURE Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or~~ by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph Van Sandingham

Licensed Embalmer No. 4009

P/O. Address Excelsior Springs,

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