

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029875

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 127 Primary Registration District No. 3028 Registrar's No. 174

STATE FILE NUMBER

AMENDED

FILED SEP 13 1961

|   |                                  |   |  |  |  |  |  |
|---|----------------------------------|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>JASPER</b> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>CARTHAGE</b>  |                                  | Length of stay in 1b<br><b>3 DAYS</b>   |  | c. CITY OR TOWN <b>CARTHAGE</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>MCCUNE BROOKS HOSPITAL</b>  |                                  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location)<br><b>DRAKE HOTEL</b>                  |  |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                  |   |  |  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>WALTER</b> Middle <b>THOMAS</b> Last <b>STICKNEY</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>SEPT.</b> Day <b>5</b> Year <b>1961</b>                         |  |  |  |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/1/1889</b>  | 9. AGE (last birthday)<br><b>72</b>  | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/>       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>AUDITOR</b>   |                                  | 10b. KIND OF BUSINESS (OR INDUSTRY)<br><b>ARKANSAS FUEL</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>CARTHAGE, MO.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>ROBERT L. STICKNEY</b>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>OLIVE M. THOMAS</b>  |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>NONE</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war, or dates of service)<br><b>YES W.W.I.</b>   |                                  |   |  | 17. INFORMANT<br>Address<br><b>MRS. E. L. DALE, CARTHAGE, MO.</b>  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Peritonitis, acute</b><br>DUE TO (b) <b>Gastric Ulcer, Perforation</b><br>DUE TO (c) <b>with leakage of food into abdomen</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b><br><del>not 3 days</del>           |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour 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 <b>Sept 2 '61</b> to <b>Sept 5 '61</b> and last saw him alive on <b>Sept 5, 1961</b><br>Death occurred at <b>3:05 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  |   |  |  |  |  |  |
| 22a. SIGNATURE<br><b>George F. Wood</b> (Degree or title) M.D.  |                                  |   | 22b. ADDRESS<br><b>1515 HAZEL, CARTHAGE, MO.</b>   |  |  | 22c. DATE SIGNED<br><b>9/6/61</b> (state)  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |                                  | 23b. DATE<br><b>9/8/1961</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>PARK CEMETERY</b>   |  | 23d. LOCATION (City, town, or county)<br><b>CARTHAGE, MO.</b>                        |  |
| 24. FUNERAL DIRECTOR<br><b>THE ULMER FUNERAL HOME, CARTHAGE, MO.</b> ADDRESS  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>9-8-61</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>W. Clinton</b>                                   |  |  |

DATE AMENDED

INSTEAD OF

HOW NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1961

OCT 10 1961

OCT 18 1962

**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 *[Handwritten Signature]*

Licensed Embalmer No. 4955  
P. O. Address *[Handwritten Address]*

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.