MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025867
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 243

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

FILED AUG 6 1962

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b: 40 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 402 E. Washington
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Adair
c. CITY OR TOWN Kirksville
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 402 E. Washington
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ETTA Middle MAY Last VANSICKEL

4. DATE OF DEATH: Month July Day 28 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] ~~Never Married~~ [ ] ~~Widowed~~ [ ] ~~Divorced~~ [ ]
8. DATE OF BIRTH: 5-26-86
9. AGE (last birthday): 76
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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Madison, Missouri
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: William P. Miller
13b. MOTHER'S MAIDEN NAME: Permelia Stokes
14. NAME OF HUSBAND OR ~~WIFE~~: Jesse G.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Jesse G. VanSickel, Address: Kirksville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: few HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary thrombosis — Several HRS
DUE TO (c): Atherosclerosis — SEVERAL YRS

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

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 ____ to ____ and last saw her/him alive on 7/28/62
Not recently had cared for her few yrs ago.
Death occurred at 10:05 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J R Roderick (Degree or title) J R Roderick, D.O.
22b. ADDRESS 104½ N Franklin Kirksville, Mo
22c. DATE SIGNED 7-31-62

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~: Burial
23b. DATE: 7-31-62
23c. NAME OF CEMETERY ~~OR CREMATORY~~: Highland Park
23d. LOCATION (City, town, or county) (State): Kirksville, Adair, Mo.

24. FUNERAL DIRECTOR ADDRESS: Foster Memorial Home, Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 1. 1962
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1 0017			
2 0017			
3			
4 1			
5 1			
6			
7 0			
8 2			
9 420.1			
10			
11			
12 90-2			
13 1-0			

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION Dr. Roderick

BY AFFIDAVIT OF DOCUMENT

No permit issued

J. R. RODERICK, D.O.

AUG 8 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 Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.