

JEAN

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039160

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 519

FILED OCT 22 1962

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 25 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jasper
 c. CITY OR TOWN Joplin Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 919 Jackson Ave. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) Mayta Margaret Fickle
 4. DATE OF DEATH Month October Day 17 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 6-3-1920 9. AGE (last birthday) 42 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) Telephone operator 10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co. 11. BIRTHPLACE (City and state or country) Goodman, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Harry Barton 13b. MOTHER'S MAIDEN NAME Alma Cook 14. NAME OF HUSBAND OR WIFE Ray Fickle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Unk 17. INFORMANT Address Ray Fickle, 919 Jackson Ave. Joplin, 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) Carcinoma Stomach & Gallbladder
 DUE TO (b) Metastases
 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 Month, Day, Year a.m. p.m.

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 July 1950 to Oct 17 1962 and last saw her alive on Oct 17-1962
 Death occurred at 4:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) [Signature] 22b. ADDRESS 2121 Jackson Ave Joplin 22c. DATE SIGNED 10-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-20-1962 23c. NAME OF CEMETERY OR CREMATORY Saginaw Cemetery, 23d. LOCATION (City, town, or county) (State) Saginaw, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI 25. DATE RECD. BY LOCAL REG. 10-18-1962 26. REGISTRAR'S SIGNATURE [Signature]

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert A. Zak

Licensed Embalmer No. 5793

P. O. Address Japan, 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.