

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036890
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 28

007 2 1963

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Belle</u>		Length of stay in 1b	c. CITY OR TOWN <u>Belle</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT home Belle</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Johnnie</u> Middle <u>Weldon</u> Last <u>Sichlider</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>17</u> Year <u>1963</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb-20-1920</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HR: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. PLACE (City, town, or county) <u>Royal - Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Everett Lichlider</u>	13b. MOTHER'S MAIDEN NAME <u>EVA SORTS</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy (Ford) Sichlider</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.I.</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Dorothy Sichlider - Belle - Mo</u>
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17. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Larynx</u> DUE TO (b) <u>metastases to lungs, bilateral, terminal</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 _____
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21. I attended the deceased from <u>6-23-63</u> to <u>9-17-63</u> and last saw him alive on <u>9-16-63</u> Death occurred at <u>10:10</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Paul Bremer, M.D.</u> (Degree or title)	22b. ADDRESS <u>Owensville, Mo.</u>	22c. DATE SIGNED <u>9-21-63</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Sept 30-1963</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	23d. LOCATION (City, town, or county) <u>Belle - Mo.</u>
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24. FUNERAL DIRECTOR <u>Charles Sermon</u> (Address) <u>Belle - Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-24-63</u>	26. REGISTRAR'S SIGNATURE <u>Mozelle Hutchison</u>
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USE BLACK INK OR TYPEWRITER RIBBON

OCT 9 1963

OCT 2 1963

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 Charles Lassman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.