

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039471

STATE FILE NUMBER

Registration District No. 112 Primary Registration District No. 4184 Registrar's No. 23

FILED OCT 23 1963

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>GERALD</b>		c. CITY OR TOWN <b>GERALD</b>	
Length of stay in 1b <b>50 ym</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HER HOME</b>		d. STREET ADDRESS (If outside, give location) <input checked="" type="checkbox"/>	
In 2b Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last <b>TOLITHA VIRGINIA FICKE</b>			4. DATE OF DEATH Month Day Year <b>10 - 19 - 1963</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-17-1878</b>	9. AGE (last birthday) <b>84</b>	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) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>	11. BIRTHPLACE (City and state or country) <b>OWENSVILLE, MO</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>J.P. WISEMAN</b>	13b. MOTHER'S MAIDEN NAME <b>MARGUERITE BRIDGES</b>	14. NAME OF HUSBAND OR WIFE <b>J A FICKE</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Ruth Schmidt, Gerald, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>C.V.A. (Hemorrhage)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>hypertension</b>		
DUE TO (c)		

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.)	
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 checked="" 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 **9-19-63** to **10-19-63** and last saw her alive on **10-19-63**  
Death occurred at **12:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Ruth Schmidt</b>	22b. ADDRESS <b>Gerald</b>	22c. DATE SIGNED <b>10-20-63</b>
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23a. BURIAL, CREMATION, or other disposition (Specify)	23b. DATE <b>10-21-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Salem</b>	23d. LOCATION (City, town, or county) <b>Owensville, FRANKLIN MO</b>
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24. FUNERAL DIRECTOR ADDRESS <b>E. Meyer Gerald Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 20 - 1963</b>	26. REGISTRAR'S SIGNATURE <b>John Charles Finley</b>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUD

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
1 0360  
2 0360  
3 2  
4 1  
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13 20

**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

*Stanley E. Meyer*

Licensed Embalmer No. 4639

P. O. Address Union 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.