

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0006263

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

62

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>HENRY</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>BENTON</u>                                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Clinton</u>   |   | c. CITY OR TOWN <u>Lincoln RT #1</u>   |  |
| Length of stay in 1b <u>2 days</u>  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>WETZEL Hospital</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>5 mile North of Lincoln</u>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>HENRY</u> Middle <u>William</u> Last <u>FICKEN</u>  |   | 4. DATE OF DEATH<br>Month <u>MARCH</u> Day <u>3</u> Year <u>1966</u>   |  |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>12/18/1903</u>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMER</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm</u>   |  |
| 13a. FATHER'S NAME<br><u>John A. Ficken</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Olga Riecke</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br><u>480-42-9208</u>  |  |
| 17. INFORMANT<br><u>Martha Ficken</u>   |   | 18. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |  |
| 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) <u>Myocardial Insufficiency</u><br>DUE TO (b) <u>Cerebral Vascular Hemorrhage</u><br>DUE TO (c) <u>Essential Hypertension</u> |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 hours</u><br><u>12 hours</u><br><u>Unknown</u>   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 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 <u>11:00</u> a.m. <u>11:00</u> 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<br>COUNTY <u>Mo.</u> STATE <u>Mo.</u>   |  |
| 21. I attended the deceased from <u>3-1-66</u> to <u>3-3-66</u> and last saw her/him alive on <u>3-3-66</u><br>Death occurred at <u>11:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.                         |   |  |  |
| 22a. SIGNATURE<br><u>C. J. Glosy</u> (Degree or title)  |   | 22b. ADDRESS<br><u>Clinton, Mo.</u>  |  |
| 22c. DATE SIGNED<br><u>3/5/66</u>   |   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>3/6/1966</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Lincoln Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Lincoln Mo</u> |
| 24. FUNERAL DIRECTOR<br><u>Fred Davis &amp; Son</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>3-5-1966</u>  |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Mildred Bigum</u>   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAR 15 1966

**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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.

Permit Attained 3-5-66 MD