

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037468
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 296 Primary Registration District No. 4444 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jacksonville 8120
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Street not listed		Length of stay in 1b 3 years	d. STREET ADDRESS (If outside, give location) 420 East Superior Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Mamie	Middle Ellen	Last Hickox	Month October	Day 12	Year 1958

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 15, 1880	9. AGE (In years last birthday) 77	10. FUNDER 1 YEAR Month 10 Day 27	11. IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	----------------------------------------------	----------------------------------------------------	----------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Berdan, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------------------------------------------------------------------------------------------------	----------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME William Batty	13b. MOTHER'S MAIDEN NAME Hester Rhodes	14. NAME OF HUSBAND OR WIFE Herbert Keemer Hickox
--------------------------------------------	---------------------------------------------------	-------------------------------------------------------------

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. None	17. INFORMANT Mrs. Bertha O'Neal, Camden, Missouri	Address 5810
------------------------------------------------------------------------------------------------------------------------	----------------------------------------	--------------------------------------------------------------	------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver with ascites		INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	5810

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral vascular accident, old.		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 Month, Day, Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT <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
-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	------------------------------	--------	-------

21. I attended the deceased from 10-8-56 to death and last saw her alive on 10-11-58 Death occurred at 8:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

22a. SIGNATURE J. G. Crozier, M.D. (Degree or title)	22b. ADDRESS Richmond, Mo.	22c. DATE SIGNED 10-13-58
----------------------------------------------------------------	--------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-13-1958	23c. NAME OF CEMETERY OR CREMATORY Jacksonville, Illinois	23d. LOCATION (City, town, or county) (State)
-------------------------------------------------------------	--------------------------------	---------------------------------------------------------------------	-----------------------------------------------

24. FUNERAL DIRECTOR Richard, Missouri	25. DATE RECD. BY LOCAL REG. Oct. 13-1958	26. REGISTRAR'S SIGNATURE Henry J. Larkin
--------------------------------------------------	-----------------------------------------------------	-----------------------------------------------------

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts
Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts
Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts
Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts
Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts
Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts
Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts
Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts
Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts
Herbert Keener Hickox	William Betty	None	Unknown	Mrs. Gertrude O'Neil, Cambridge, Massachusetts

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 *George Hill*

XX

Licensed Embalmer No. *7065*
P. O. Address *.....*

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.

10-1-01 removed
Michigan, Lansing