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17-39  
X23159

State File No. ....

Registration District No. 130

Primary Registration District No. 5172

Registrar's No. 7

1. PLACE OF DEATH: Cambden  
 (a) County Cambden  
 (b) City or town Roach, Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1. Marshall  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 40 years years, months or days

3. (a) PRINT FULL NAME MARTHA Ann HICKS  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife John A. Hicks 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 29 - 1966  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 10 17 hr. min.

9. Birthplace Forest, Texas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

12. Name Wm. J. Jackson

13. Birthplace 1 Tenn  
 (City, town, or county) (State or foreign country)

14. Maiden name Rebecca G. Myers

15. Birthplace 1 Ky  
 (City, town or county) (State or foreign country)

16. (a) Informant Eliza Kaene

(b) Address Roach, Mo

17. (a) Burial (b) Date thereof 4-18-1981  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paragard Home

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo, Mo

19. (a) 4-17-41 (b) D. G. Myers  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Cambden 15  
 (c) City or town Roach (Rural)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. near Roach mo. 0  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
 year 1981 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from April 7<sup>th</sup>, 1981, to April 16<sup>th</sup>, 1981;  
 that I last saw her alive on April 16<sup>th</sup>, 1981;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Infarct, or block of heart Arteries

Due to Arterio Sclerosis about 10 yrs

Due to \_\_\_\_\_

Other conditions 44  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

115 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature D. G. Myers (M. D. or other) 0

Address Wacker Creek Mo Date signed 4/17/81

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number

5-41-891

Date Filed

5-19-41

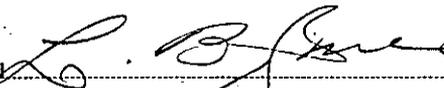
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed



Licensed Embalmer No.....

2508

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 this body is not embalmed, fact should be so stated above.**