

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1949

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Route 2</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>WATERS</u>	c. (Last) <u>HICKAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 24, 1863</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Lycurgus P. Hickam</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Waters</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Rush Hickam</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Godfrey Hickam, Columbia, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 days</u> <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Dec 26, 1948, to Jan 16, 1949, that I last saw the deceased alive on Dec. 26, 1948, and that death occurred at 1:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry W. Griffith, M.D.</u>	23b. ADDRESS <u>Columbia, Mo</u>	23c. DATE SIGNED <u>1-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 19 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service</u>	ADDRESS <u>Columbia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 25 1949

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.

Signed _____

Tom Maxberg

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4067

P. O. Address _____

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