No. 300
10-48

86
0
0

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9564

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5989 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Grant Tmp
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Livonia, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam 86
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grant Tmp 0
d. STREET ADDRESS (If rural, give location): Livonia, Mo. R. F. D. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Sylvia
b. (Middle): Belle
c. (Last): Hicks

4. DATE OF DEATH (Month) (Day) (Year): Mar. 31, 49

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: July 18, 1907
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 8, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Exline, Iowa.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Davis
13b. MOTHER'S MAIDEN NAME: Florence Cline
14. NAME OF HUSBAND OR WIFE: D. F. Hicks

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.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: D. F. Hicks, Livonia, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Surgery 6 wks Prior

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Adominal Adherinos Dalpingitis
20. AUTOPSY? YES ☐ NO ☒

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20-1949, *to* 3-31, 1949, *that I last saw the deceased alive on* 3-28, 1949, *and that death occurred at* 12:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. O. Hart M.D.
23b. ADDRESS: Coatsville Mo
23c. DATE SIGNED: 4-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 3, 49
24c. NAME OF CEMETERY OR CREMATORY: St. Johns Cem.
24d. LOCATION (City, town, or county) (State): Livonia, Mo.

DATE REC'D BY LOCAL REG.: 4-7-49
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Husted & Son Unionville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 1(
District File Number 4-49-6
Date Filed APR 1 2 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.

Student ..... Student Embalmer

Signed F. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville 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.