

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH11246  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4516</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Taney</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forsyth mo</u>		c. LENGTH OF STAY (in this place) <u>year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forsyth mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u>				d. STREET ADDRESS (If rural, give location) <u>city</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>James</u>		b. (Middle) <u>Bardeen</u>		c. (Last) <u>Hicks</u>		a. (Month) <u>March</u> (Day) <u>30</u> (Year) <u>1949</u>	
(Type or Print)							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>to married</u>		8. DATE OF BIRTH <u>Oct. 19 1871</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Judge</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Judge</u>			11. BIRTHPLACE (State or foreign country) <u>Ozark Co mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Thomas Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Hicks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Hicks Forsyth mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				<u>30 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Arteriosclerosis</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Non functioning left kidney</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>11500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 12, 1949</u> to <u>March 26, 1949</u> , that I last saw the deceased alive on <u>March 26, 1949</u> , and that death occurred at <u>_____</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph W. ...</u> (Degree or title)				23b. ADDRESS <u>Forsyth Co</u>		23c. DATE SIGNED <u>3-31-49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>24-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Branson mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 5-1949</u>		REGISTRAR'S SIGNATURE <u>S E Cogswell</u>		376		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forsyth Funeral Home Forsyth mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 449-441

Date Filed 4-11-49

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. 307

working under my personal supervision.

Student Walter S. Cobb  
Student Embalmer

Signed Minnie J. Wheelchel

Licensed Embalmer No. 2777

P. O. Address Branson 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.