

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16656

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 7-49

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Silas</u> c. (Last) <u>Hicks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1949</u>		
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>Mar. 10, 1871</u>	9. AGE (In years last birthday) <u>78</u>	10. IF UNDER 1 YEAR Days <u>2</u> Hours <u>24</u> Min. _____
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>Miller County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Joseph N. Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Eva G. Hicks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edgar Hicks Tuscumbia, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Syphilitic Meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Spasms from Decubital Ulcer</u>			
		DUE TO (c) <u>from being bedridden</u>		<u>2 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<u>715X</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan, 1948, to June 3, 1949, that I last saw the deceased alive on 5-27, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. E. Humphrey, D. O.</u>		23b. ADDRESS <u>Tuscumbia, Mo.</u>		23c. DATE SIGNED <u>6-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tuscumbia</u>	
24d. LOCATION (City, town, or county) (State) <u>Tuscumbia, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard L. Wright</u>		ADDRESS <u>Phillips Edson</u>	
DATE REC'D BY LOCAL REG. <u>June 4, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		391	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**RECEIVED**  
District Health Officer No. 9,  
District File Number JUN 8 1949  
Date Filed

**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

Louis D. Phillips

Student Embalmer No. 314

working under my personal supervision.

Student Geo. H. Whitaker  
Louis D. Phillips  
Student Embalmer

Signed Louis D. Phillips  
Licensed Embalmer No. 3663  
P. O. Address Eldon

**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.