

FILED JUL 15 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19268

| | | | | | | | |
|---|-----------------------------------|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>132</u> | | PRIMARY REG. DIST. NO. <u>3021</u> | | Registrar's No. <u>95</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>TRENTON</u> | | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) <u>SPICKARD</u> | | | 40 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WRIGHT MEMORIAL HOSP.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>9</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>AMY</u> | | b. (Middle) <u>RUE</u> | | c. (Last) <u>HICKMAN</u> | |
| 4. DATE OF DEATH | | (Month) <u>JULY</u> | | (Day) <u>4</u> | | (Year) <u>1949</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 8. DATE OF BIRTH <u>NOV-9-1891</u> | | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u> | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>GRUNDY CO. MO.</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>WILLIAM HICKMAN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARTHA ARNEY</u> | | | 14. NAME OF HUSBAND OR WIFE | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Jack Wyatt Spickard Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus 3 months</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</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) m. | | 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>July 4th 1949</u> to <u>July 4th 1949</u> that I last saw the deceased alive on <u>July 4th 1949</u> and that death occurred at <u>7:40 pm.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Clara F. Dwyer M.D.</u> | | | | 23b. ADDRESS <u>Trenton Mo</u> | | 23c. DATE SIGNED <u>July 6th</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JULY-6-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>FOX CEM.</u> | | 24d. LOCATION (City, town, or county) <u>GRUNDY CO. MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>July 6, 1949</u> | | REGISTRAR'S SIGNATURE <u>Diane Fair</u> | | 115 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schooler funeral Home Spickard Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Ross Wise

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3771

P. O. Address _____

Spickard 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.