

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25935**

FILED JUL 28 1949

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 4557		Registrar's No. 24	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Wright		b. COUNTY Wright		a. STATE Mo		b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give town) Hartville		c. LENGTH OF STAY (In this place) 89		c. CITY (If outside corporate limits, write RURAL and give township) Hartville, Mo		114	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Armelda		b. (Middle)		c. (Last) Hickman		6 15 1949	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 3 6 1860	
9. AGE (In years last birthday) 89		10. MONTHS 3		11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if not now)				10b. KIND OF BUSINESS OR INDUSTRY			
Housewife							
13a. FATHER'S NAME Jonathan Hickman			13b. MOTHER'S MAIDEN NAME Elizabeth Lee			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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME M. H. Hickman ADDRESS Hartville Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Regurgitation		INTERVAL BETWEEN ONSET AND DEATH 9 months	
*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 DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		410X	
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) X			
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 May 2, 1949 , to June 15, 1949 , that I last saw the deceased alive on June 4, 1949 and that death occurred at 4:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J R. Mott M.D. (Degree or title)				23b. ADDRESS Hartville Mo		23c. DATE SIGNED 7-16-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-17-49		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) Hartville Mo	
DATE REC'D BY LOCAL REG. 7-16-49		REGISTRAR'S SIGNATURE B. Garner 346		25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden ADDRESS Hartville			

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 749-829

Date Filed 7-18-49

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. _____

working under my personal supervision.

Signed Gene E. Holden

Signed _____
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Farmville, Va.

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.