

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34482

State File No.

FILED OCT 18 1949

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH a. COUNTY <u>Monroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u>		c. LENGTH OF STAY (In this place) <u>55 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City Mo</u>		6 1/2		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 23 First St</u>				d. STREET ADDRESS (If rural, give location) <u>223 First St</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARtha</u> b. (Middle) <u>ANN</u> c. (Last) <u>HICKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-14-1949</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>March 22-1858</u>		
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u>		IF UNDER 12 HRS. Hours <u>1</u> Min. <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>Ralls County Mo</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>William E. Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hampton</u>			14. NAME OF HUSBAND OR WIFE <u>Joseph A. Hickman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Jessie Turby Monroe City Mo</u> ADDRESS <u>-</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>14 Days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) 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>Oct 1</u> , 19 <u>49</u> , to <u>Oct 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 13</u> , 19 <u>49</u> , and that death occurred at <u>11:58 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John Wilber M.D. Mount Airy Mo</u>				23b. ADDRESS <u>Mount Airy Mo</u>		23c. DATE SIGNED <u>10/15/49</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. JUDES Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 15, 1949</u>		REGISTRAR'S SIGNATURE <u>Oliver Little</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Sons</u>		ADDRESS <u>Monroe City Mo</u>		

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

876197 104

RECEIVED OCT 17 1949
District Health Officer No. 10
District File Number 10-49-17
Date Filed OCT 17 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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Leslie L. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Memor City, 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.