

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37965**
403

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		d. STREET ADDRESS (If rural, give location) 302 Willow St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 Willow 1			

3. NAME OF DECEASED (Type or Print) Cornelia	a. (First)	b. (Middle)	c. (Last) Hicks	4. DATE OF DEATH 11-14-1949	(Month) (Day) (Year)
---	------------	-------------	------------------------	------------------------------------	----------------------

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH May 18-1861	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New London, Mo (D.R.A.)	12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Joseph Bell	13b. MOTHER'S MAIDEN NAME Lucy Bell	14. NAME OF HUSBAND OR WIFE Douglas E. Hicks
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lucy Peterson	ADDRESS
---	-------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH 794X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Death due to natural causes. DUE TO (c) and senility.		
	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 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 _____, 19____, to _____, 19____, that I last saw the deceased **alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.**

23a. SIGNATURE M. Crawford Smith (Degree or title) Coroner	23b. ADDRESS 902 Broadway Hannibal Missouri	23c. DATE SIGNED
--	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-19-1949	24c. NAME OF CEMETERY OR CREMATORY Baptist Cem.	24d. LOCATION (City, town, or county) (State) Hannibal, MO
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 11-25-49	REGISTRAR'S SIGNATURE M. L. Lucha Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Wes E. Roberts	ADDRESS Hannibal Mo
--	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

64
3
4

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.

Student _____
Student Embalmer

Signed Geo. E. Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.