

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

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40231**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1368**

1. PLACE OF DEATH a. COUNTY Bushanan.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph.		c. LENGTH OF STAY (In this place) 7 1/2 yrs. 9 mos 29 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City.		d. STREET ADDRESS (If rural, give location) 1300 E. 27th.
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2.			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) ROME			a. (First) C. b. (Middle) HICKERSON c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 12-6-1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married. 1	8. DATE OF BIRTH 1-20-1883.		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 10 Days 16 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auctioneer.		10b. KIND OF BUSINESS OR INDUSTRY Furniture.	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Tom Hickerson		13b. MOTHER'S MAIDEN NAME Unfussow.		14. NAME OF HUSBAND OR WIFE Hellie Hickerson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) was drafted for W.W. I		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ms. Hellie Hickerson - 7300 E. 27th, K.C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Prostate					2 1/2 years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
2. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)					
3. DUE TO (b) _____					
4. DUE TO (c) _____					
11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Meningo-encephalitis Syphilitica					18 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION metastatic prostatic			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) (Min.)		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 1-1-1945 , to 12-6-1949 that I last saw the deceased alive on 12-6-1949 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE J. H. Morrow (Degree or title) M.D.			23b. ADDRESS St. Joseph, Mo. State Hospital No. 2.		23c. DATE SIGNED 12-6-1949.
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 7, 1949	24c. NAME OF CEMETERY OR CREMATORY Not given		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec 14, 1949 E. G. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Meerhafer		ADDRESS St. Joseph, Mo.	

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

Raymond H. Merchen

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.