

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12301

FILED MAY 8 1950

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5260 Registrar's No. 11

0220

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

1. PLACE OF DEATH a. COUNTY CHRISTIAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY WEBSTER	
b. CITY OR TOWN Chadwick Mo	c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN FORDLAND 1120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Widowing Est Daughters		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) Hicks c. (Last) Hicks			4. DATE OF DEATH (Month) (Day) (Year) MARCH 27 50		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH OCT. 16; 1865	9. AGE (In years last birthday) 84 Months 65 Days 11 If under 1 year: Hours — Mins. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WEBSTER Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Betsy Wester	14. NAME OF HUSBAND OR WIFE Eliza Hicks
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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 EBB Hicks ADDRESS St. Joseph, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7500
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) uremic poisoning		
	DUE TO (c) Arteriosclerosis		
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"/>
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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 **Mar-26**, 1950, to **Mar-27**, 1950, that I last saw the deceased alive on **Mar-26**, 1950, and that death occurred at **4:15 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Hilsaw	23b. ADDRESS St. Joseph, Mo	23c. DATE SIGNED Apr-11-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE April 2-50	24c. NAME OF CEMETERY OR CREMATORY PANTHER VALLEY	24d. LOCATION (City, town, or county) (State) WEBSTER Co. Mo
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DATE REC'D BY LOCAL REG. April 27-50	REGISTRAR'S SIGNATURE Lillie Barr	58	25. FUNERAL DIRECTOR'S SIGNATURE Jelley Lussell, Bergman ADDRESS Loyersville
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RECEIVED MAY 1 1950
District Health Office No. 6,
District File Number 550-505
Date Filed 5-1-50

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 H. H. Kelley _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fordland 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.