

FILED MAY 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 14186

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		0883
d. FULL NAME OF HOSPITAL OR INSTITUTION 704 So 4th St.			d. STREET ADDRESS (If rural, give location) 704 So 4th St		

3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Allen		c. (Last) Hickam		4. DATE OF DEATH (Month) (Day) (Year) April 28, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 20th 1884		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Days 11	IF UNDER 12 HRS. Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME John P Hickam		13b. MOTHER'S MAIDEN NAME Martha Phleger		14. NAME OF HUSBAND OR WIFE Mrs Retta Hickam			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME [Signature]		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertrophy of Prostate				INTERVAL BETWEEN ONSET AND DEATH 3 months	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Simple benign Hypertrophy			
				DUE TO (c) Parkinson's Disease			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Cerebral Apoplexy - terminal	

19a. DATE OF OPERATION Apr 14, 1950		19b. MAJOR FINDINGS OF OPERATION Benign Hypertrophy Prostate			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) 6102		
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 **April 13, 1950**, to **April 28, 1950**, that I last saw the deceased alive on **April 28, 1950**, and that death occurred at **7:50 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS Woodland Hosp Moberly Mo		23c. DATE SIGNED May 1/50	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE May 1st 1950		24c. NAME OF CEMETERY OR CREMATORY Dover		24d. LOCATION (City, town, or county) (State) Dover Mo	

DATE REC'D BY LOCAL REG. May 1 '50		REGISTRAR'S SIGNATURE Dean William Sauer		25. FUNERAL DIRECTOR'S SIGNATURE Nathan Anderson		ADDRESS Moberly Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 10 1950
District Health Officer No. 1
District File Number 5-32-6
Date Filed

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 Frank D. DeWitt.....

Licensed Embalmer No. 3021.....

P. O. Address Moberly, 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.