

No. 300
10-48

FILED JUN 7 1950

STANDARD CERTIFICATE OF DEATH

17373

State File No.

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 364

581

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>	
c. LENGTH OF STAY (In this place) <u>36 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>124 W. Curtis St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

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3. NAME OF DECEASED (Type or Print) <u>Elva Hicks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1950</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>Feb. 26, 1885</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St. Catherine, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Charles Kunkler</u>		13b. MOTHER'S MAIDEN NAME <u>Emma F. Teeters</u>		14. NAME OF HUSBAND OR WIFE <u>Luther Hicks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Patsy Fisher Chandler</u> ADDRESS <u>Arizona.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive heart disease</u>		DUE TO (b) _____			<u>2 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			<u>4 1/2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>nephrosclerosis</u>					<u>4 yrs.</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) (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 July, 1946, to April 16, 1950, that I last saw the deceased alive on April 12, 1950, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Philip A. Ottman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Marceline, Mo.</u>		23c. DATE SIGNED <u>4/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 19 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	
				24d. LOCATION (City, town, or county) (State) <u>Marceline, Missouri.</u>	

DATE REC'D BY LOCAL REG. <u>4/17/50</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u> <u>401</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. ...</u> ADDRESS <u>Marceline, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

None

Student Embalmer No. _____

None

working under my personal supervision.

Signed _____

Student Embalmer

Signed _____

Francis L. Schabert

Licensed Embalmer No. _____

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P. O. Address _____

Marceline, 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.