

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUN 2 1950 STANDARD CERTIFICATE OF DEATH

State File No. **17430**

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5694 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Chillicothe Twp</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chillicothe Twp. 0590</u>	
c. LENGTH OF STAY (In this place) <u>50yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile east of Chillicothe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile east of Chillicothe</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Tilitha</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Hicks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 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>Nov 5, 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Springhill, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	---	--

13a. FATHER'S NAME <u>David B. Girdner</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Crumpacker</u>	14. NAME OF HUSBAND OR WIFE <u>James W. Hicks</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Hicks; Chillicothe, Missouri</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>151X</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) _____	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 Feb 20, 1944, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

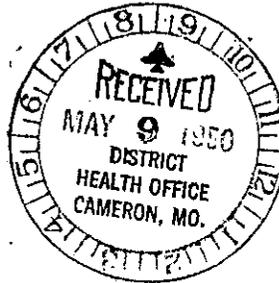
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Chillicothe, Mo. May 8, 1950</u>	23c. DATE SIGNED _____
---	--	------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>May-8-50</u>	REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u>	ADDRESS _____
--	---	---	---------------

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

No. 300
10.48
590



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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed Elton Norman

Signed.....
Student Embalmer

Licensed Embalmer No. 4936

P. O. Address Chellie the 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.