

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19297

State File No.

FILED JUN 19 1950

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lattin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Russell</u> R. B.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>H</u> c. (Last) <u>Hickey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 3 - 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-28-1891</u>
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>6</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Redmond Hickey</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Cardin</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Hickey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (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>Bessie Hickey La Russell Mo.</u> ADDRESS <u>La Russell Mo.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 mos</u>	
ANTECEDENT CAUSES		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>152A</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) 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 4/17 1950, to 6/3 1950 that I last saw the deceased alive on 6/3 1950 and that death occurred at 6:20 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Caldwell</u> (Degree or title)		23b. ADDRESS <u>Lamar, Mo</u>		23c. DATE SIGNED <u>6/7/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greys Point</u>	
		24d. LOCATION (City, town, or county) (State) <u>n.w. of Miller Mo.</u>			

DATE REC'D BY LOCAL REG. <u>JUN 9 - 1950</u>		REGISTRAR'S SIGNATURE <u>Marie Konarska</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Deiman</u> ADDRESS <u>Miller Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 12 1950

JUN 20 1950

District Health Office No. 6,

District File Number 650-582

Date Filed 6/15/50

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.

Student _____
Student Embalmer

Signed J. R. Leimon

Licensed Embalmer No. 3297

P. O. Address Miller 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.