

FILED JUL 8 1950

STANDARD CERTIFICATE OF DEATH 5821

State File No. 21018

BIRTH NO. _____		REG. DIST. NO. <u>388</u>		PRIMARY REG. DIST. NO. <u>5921</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY New Madrid		b. CITY (If outside corporate limits, write RURAL and give township) Matthews, Mo		a. STATE Missouri		b. COUNTY New Madrid	
c. LENGTH OF STAY (in this place) 12 Days		c. CITY (If outside corporate limits, write RURAL and give township) Matthews, Mo		d. STREET ADDRESS (If rural, give location) R.F.D.# 2 Matthews, Mo			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.F.D.# 2 Matthews, Mo				d. STREET ADDRESS (If rural, give location) R.F.D.# 2 Matthews, Mo			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Lora		b. (Middle) D	c. (Last) Hicks		Date (Month) (Day) (Year) 6 17 1950	F 3	C
5. SEX F 3		6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S U	8. DATE OF BIRTH 6/4/50		9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) R.F.D.#2 Matthews, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		11. BIRTHPLACE (State or foreign country) 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John H. Hicks		13b. MOTHER'S MAIDEN NAME Clara Mae Holaway		14. NAME OF HUSBAND OR WIFE XX			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME John H. Hicks Matthews			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</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.				INTERVAL BETWEEN ONSET AND DEATH 7630	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>removal of</u>				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) New Madrid <del>Mo</del> Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 6-17-50	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 6-17-50		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 <u>6-16</u> 19 <u>50</u> , to <u>6-17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-16</u> , 19 <u>50</u> , and that death occurred at <u>8 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. H. Hicks</u>				23b. ADDRESS <u>Sikeston</u>		23c. DATE SIGNED <u>6-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/17/50	24c. NAME OF CEMETERY OR CREMATORY Sun Set Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Mo <u>Mo</u>		
DATE REC'D BY LOCAL REG. 6-24-50		REGISTRAR'S SIGNATURE Helen Louie Jones		25. FUNERAL DIRECTOR'S SIGNATURE John Albritton		ADDRESS Sikeston, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0770

6-28-50

RECEIVED JUN 29 1950

District Health Office No. 6

District File Number \_\_\_\_\_

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 \_\_\_\_\_

*Not embalmed*

working under my personal supervision.

Student Embalmer No. ....

Signed *John Allerton*

Signed .....  
Student Embalmer

Licensed Embalmer No. *2941*

P. O. Address *Adelton W*

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.