

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23869

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 38			
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arnold		c. LENGTH OF STAY (In this place) 1 yr 10 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arnold		05820			
d. FULL NAME OF HOSPITAL OR INSTITUTION R R #1. Box 54				d. STREET ADDRESS (If rural, give location) R R #1. Box 54					
3. NAME OF DECEASED (Type or Print) Josephine			a. (First)		b. (Middle) Hicks		c. (Last)		
4. DATE OF DEATH		July 18, 1950							
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH		9. AGE (In years last birthday) 92	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) New Albany Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME James Smith			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Presley N.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mae Sotherlin R R #1 Bx.54 Arnold, Mo.					
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) Chr. Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. arterial Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221						INTERVAL BETWEEN ONSET AND DEATH 10 yrs 20 yrs	
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 June 19, 1950, to July 19, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 11:15 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Winton Bohannon				23b. ADDRESS 2602 S. Grand		23c. DATE SIGNED 7-19-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-20-50		24c. NAME OF CEMETERY Oak Grove		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri			
DATE REC'D BY LOCAL REG. July 19, 1950		REGISTRAR'S SIGNATURE Mrs. Ruth Johnson		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN FUNERAL HOME, INC 2301 Lafayette					

(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS, MO.

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

500

Mr. B. Bohannon, M.D.
2602 So. Grand St.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 7-24-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis, 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.