

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29375**

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5106 Registrar's No. 27

0080

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

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lakeview Heights</u>	c. LENGTH OF STAY (In this place) <u>10 yrs</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lakeview Heights</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. _____		d. STREET ADDRESS (If rural, give location) <u>508</u>	

3. NAME OF DECEASED (Type or Print) <u>Allie</u>	a. (First)	b. (Middle) <u>M.</u>	c. (Last) <u>Hickman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11 1950</u>
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5. SEX <u>F!</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 9 1920</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 _____	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry L. Warner</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Warner</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Hickman</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G.A. Bacher & Mrs Bacher</u>	ADDRESS _____
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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>15 yrs</u> <u>20 yrs</u> <u>20 yrs</u> <u>892 X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic Nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from May, 1948, to Sept 11, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. A. Marty M.D.</u>	23b. ADDRESS <u>Lakeview Heights Mo</u>	23c. DATE SIGNED <u>Sept 11/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Sept 13 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS (City) KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 11, 1950</u>	REGISTRAR'S SIGNATURE <u>E. E. Eckhoff 394</u>	FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>D. L. Stevenson Stover Mo</u>
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RECEIVED

4-21-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-21-50

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.

Signed

J. L. Steverson

Signed _____
Student Embalmer

Licensed Embalmer No. 4073

P. O. Address Stover, 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.