

FILED NOV 15 1950
D. Falls Ark

STANDARD CERTIFICATE OF DEATH

State File No. 34304

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4398 Registrar's No. 25

1. PLACE OF DEATH
 a. COUNTY Camden
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland
 c. LENGTH OF STAY (If in place) 11/11/50
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Camden
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland 0780
 d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
 a. (First) Nita b. (Middle) Carroll c. (Last) Hicks
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
10-10-50

5. SEX F

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH 8-29-50

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours IF UNDER 24 HRS. Mtn.
0 1 11

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Blytheville Ark

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James R Hicks

13b. MOTHER'S MAIDEN NAME Gene Robinson

14. NAME OF HUSBAND OR WIFE _____

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 ADDRESS
James R Hicks Holland 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) High blood pressure
 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
752X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 8-29, 1950, to 10-5, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John M. Elliott M.D.

23b. ADDRESS 209 W. 1st Blytheville Ark.

23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-11-50

24c. NAME OF CEMETERY OR CREMATORY Mt Zion

24d. LOCATION (City, town, or county) (State) Steele Mo

DATE REC'D BY LOCAL REG. 11-8-50

REGISTRAR'S SIGNATURE E. P. Robinson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Hermon Jandt Co Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

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

780

11-50-291

S. B. Beecher, M. D.,
Pemiscot County Health Department
Caruthersville, Missouri

NOV 13 REC'D

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *John A. German*
Licensed Embalmer No. *4355*
P. O. Address *Hayti, 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.