No. 300
10-48

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39628

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6215 Registrar's No. 21

80
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Osage Twp.
c. LENGTH OF STAY (in this place): 4yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Mile S-East of Rich Hill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon 1080
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Osage Twp. d
d. STREET ADDRESS (If rural, give location): 6 Mi.S-East of Rich Hill,Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): CORA
b. (Middle): -----
c. (Last): Hickam

4. DATE OF DEATH (Month) (Day) (Year): November-12-1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept.28,1878
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Walker,Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Victor Colin
13b. MOTHER'S MAIDEN NAME: Rachiel Swafford
14. NAME OF HUSBAND OR WIFE: Wm.Hickam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Clarence Hickam-Independence,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) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4222

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) m.
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* Nov 8, 1950, *to* Nov 12, 1950, *that I last saw the deceased alive on* Nov 12, 1950, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Mc
23b. ADDRESS: Rich Hill Mo
23c. DATE SIGNED: Nov 14/1950

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: Nov.22,1950
24c. NAME OF CEMETERY OR CREMATORY: Berear Cemetery
24d. LOCATION (City, town, or county) (State): Vernon County,Missour

DATE REC'D BY LOCAL REG.: Nov 19-1950
REGISTRAR'S SIGNATURE: Mrs Sarah E Gray 329
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Booth's Service Rich Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

1951

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 4 1950
Dist. File 1250-2387
Date Filed 12-5-50

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 John G Underwood

Signed .....
Student Embalmer

Licensed Embalmer No. 3585

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.