

THE DIVISION OF HEALTH OF MISSOURI

FILED JAN 8 1951

STANDARD CERTIFICATE OF DEATH

Star File No. 40432
Registrar's No. 28

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| BIRTH NO. | | REG. DIST. NO. 122 | | PRIMARY REG. DIST. NO. 55 | | Registrar's No. 28 | |
| 1. PLACE OF DEATH a. COUNTY Greene | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic 0790 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Republic Missouri | | | | d. STREET ADDRESS (If rural, give location) Republic Missouri 0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edward | | b. (Middle) F. | | c. (Last) Hicks | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 22 1950 | |
| 5. SEX 0 Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Sept. 28 1890 | |
| 9. AGE (In years last birthday) 60 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Policeman | | 10b. KIND OF BUSINESS OR INDUSTRY Police Force | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Hicks | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Lillie Hicks | |
| 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 Mrs. Lillie Hicks Republic 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) Acute Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 1200 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION None | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Republic, Green, Mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? None | | | |
| 22. I hereby certify that I attended the deceased from Oct 1949, to Dec 22, 1950, that I last saw the deceased alive on Dec 22, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE John G. Esch, M.D. | | (Degree or title) | | 23b. ADDRESS Republic, Mo | | 23c. DATE SIGNED 12/26/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-26-50 | | 24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri | |
| DATE REC'D BY LOCAL REG. 12-26-1950 | | REGISTRAR'S SIGNATURE Florence Brittain | | 25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. Springfield | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

County No. 54-1-2
Date Filed 1-6-51

JAN 29 1951

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 _____
Student Embalmer

Signed John Glone Jr.

Licensed Embalmer No. 4176
P. O. Address Springfield

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.