

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41343

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1720 Poplar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1720 Poplar</u>			

3. NAME OF DECEASED a. (First) <u>EDWARD</u> b. (Middle) <u>NATHAN</u> c. (Last) <u>HICKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 1, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 21, 1870</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Vernon Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John C. Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rockwell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ann Toesdon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby A. Morris</u> ADDRESS <u>Lexington, Mo.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

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)		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 30 Nov 1950 to 1 Dec., 1950 that I last saw the deceased alive on 30 Nov, 1950, and that death occurred at 5:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack P. Miller, M.D.</u>		23b. ADDRESS <u>Lexington Mo.</u>		23c. DATE SIGNED <u>12/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/4/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Point</u>	
24d. LOCATION (City, town, or county) (State) <u>Mervin, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Dec 21, 1950</u>		REGISTRAR'S SIGNATURE <u>M. E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest F. ...</u> ADDRESS <u>...</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0542

Miller

RECEIVED 1-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-2-51

JAN 5 1951

JAN 7 1952

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.

Student \_\_\_\_\_  
Student Embalmer

Signed *Geo. W. Ryan*

Licensed Embalmer No. 2983

P. O. Address *Delvington, Md.*

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.