

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

238

State File No.

BIRTH NO. 32795-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>	c. LENGTH OF STAY (In this place) township) <u>5 month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u> <u>01170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 1/2 W. Missouri Ave</u>		d. STREET ADDRESS (If rural, give location) <u>216 1/2 W. Missouri Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>KADELIA FRANCES - HICKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 29 1950</u>	9. AGE (In years last birthday) <u>66</u>	10. IF UNDER 1 YEAR: <u>6</u> Months <u>6</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>		11. BIRTHPLACE (State or foreign country) <u>St Joseph mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Hicks Stocker</u>	
14. NAME OF HUSBAND OR WIFE <u>no</u>		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>George Hicks</u>		17. ADDRESS <u>216 1/2 W. Missouri Ave</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>First, second and third degree</u>		ANTECEDENT CAUSES		DUE TO (b) <u>burns of entire body.</u> <u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Baby was fatally burned while alone in a bed room fire.</u>		DUE TO (c) <u>Baby was fatally burned while alone in a bed room fire.</u> <u>16</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <u>Accident Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St Joseph Buchanan MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 5 1951 11A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Bed room fire</u>	

22. I hereby certify that I viewed the deceased on Jan 15, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H F Mundy M.D. Coroner</u>		23b. ADDRESS <u>St Joseph mo</u>		23c. DATE SIGNED <u>1/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>city</u>		24b. DATE <u>Jan 6 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St Joseph MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beatrice Gray</u>		25. ADDRESS <u>82 Poplar St</u>	
DATE RECD BY LOCAL REG. <u>Jan 15, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		446	

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Evera A. Cent.....

Licensed Embalmer No. 4238.....

P. O. Address St. Joseph 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.