

FILE MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5302

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Mc Donald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Deleware	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Southwest City, RR2, Mo.		c. LENGTH OF STAY (In this place) 2 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION THE MARTIN HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR#2, Swouthwest City, Mo.	
		d. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print)	a. (First) BERTHA	b. (Middle) (o)	c. (Last) HICKS	4. DATE OF DEATH (Month) (Day) (Year) 2 - 14 - 51
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5. SEX Fe.	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2 - 24 - 82	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR: Months 11 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own home.	11. BIRTHPLACE (State or foreign country) Combs, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dewey Prater	13b. MOTHER'S MAIDEN NAME Mary Jane Cooper	14. NAME OF HUSBAND OR WIFE Ambrose Hicks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Ambrose Hicks, RR#2, Southwest City, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 16 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure (Embolic Encephalomalacia.)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Mural Thrombus Formation & Thrombotic Myocardial Infarction. DUE TO (c) ARTERIOSCLEROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, Right Femur.		8901	

19a. DATE OF OPERATION 2/13/51	19b. MAJOR FINDINGS OF OPERATION Fracture, Right Femur, Surgical Neck.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 - 29 - 51 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell down cellar steps.
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22. I hereby certify that I attended the deceased from **2 - 3 1951**, to **2 - 14, 19 51**, that I last saw the deceased alive on **2 - 14 - , 1951**, and that death occurred at **5:20a m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. H. Martin D. O. (Degree or title)	23b. ADDRESS Southwest City, Mo.	23c. DATE SIGNED 2-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-18-51	24c. NAME OF CEMETERY OR CREMATORY Polson RR#2,	24d. LOCATION (City, town, or county) (State) Southwest City, Mo. (Okla)
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DATE REC'D BY LOCAL REG. 2-16-51	REGISTRAR'S SIGNATURE Wayne Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE WORLEY, FUNERAL HOME, Grove, Okla.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAR 8 1951

Dist. File 351-493

Date Filed 3-8-51

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

H. E. Worley Jr.
Signed _____

Okla Licensed Embalmer No. 927

P. O. Address Grave, Okla

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.