

FILED MAR 31 1951 STANDARD CERTIFICATE OF DEATH

State File No. 7880

264
2

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newport</u>		<u>8030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Penitentiary</u>				d. STREET ADDRESS (If rural, give location) <u>330 Reach Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Hickson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 23 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb 2, 1926</u>		9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hubert Hickson</u>			13b. MOTHER'S MAIDEN NAME <u>Bertha Galloway</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War #2</u>		16. SOCIAL SECURITY NO. <u>430-36-517</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Whiddean, 4056 18th Street, San Francisco, Cal</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage & Shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Shot while trying to escape from the</u> DUE TO (c) <u>Mo. State Penitentiary</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mo. State Penitentiary</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5984 X</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) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc., give no.) <u>Missouri State Pen</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jefferson City Cole Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 23, 1951 9:15 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Shot by Prison Guard while attempting escape</u>			
22. I hereby certify that I attended the deceased from <u>Death when arrested</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Leslie M.D. Coronel</u> (Degree or title)				23b. ADDRESS <u>Jeff. City, Mo</u>		23c. DATE SIGNED <u>3-29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beederville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Beedeville, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>March 29-51</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris MD-7068</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Jordan</u>		ADDRESS <u>Jefferson City, Mo</u>	

RECEIVED 3-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-30-51

MAR 31 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 *Joseph J. Goran*

Student
Student Embalmer

Licensed Embalmer No. 1286

P. O. Address *Jefferson City 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.