

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9329**

0650
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BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 5772		Registrar's No. 31			
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Mercer					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Medicine Twp.		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Medicine Twp.		0650			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) L.		c. (Last) Hicks		4. DATE OF DEATH (Month) (Day) (Year) March 17-51			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 12, 1908			
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) 0			
11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Morris Hicks		13b. MOTHER'S MAIDEN NAME Ellen Kenyon			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Hicks, Princeton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) patent foramen ovale DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hrs conjoint 7543	
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) (Minute)		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 1/1, 1951 , to 3/17, 1951 , that I last saw the deceased alive on 3/16, 1951 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE W. W. ...		(Degree or title)		23b. ADDRESS Harris Mo.		23c. DATE SIGNED 3/21/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-19-51		24c. NAME OF CEMETERY OR CREMATORY Harris Ceme.		24d. LOCATION (City, town, or county) (State) Mullivan Co. Mo.			
DATE REC'D BY LOCAL REG. 3-28-51		REGISTRAR'S SIGNATURE M. J. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo					

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 embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Ivan Martin*

Signed.....
Student Embalmer

Licensed Embalmer No. *3760*

P. O. Address *Piscataway, 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.