

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 5 1951

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>284</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>82</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: (a) (b) (c) (d)) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>33 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		10883		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>330 Morehead St.</u>				d. STREET ADDRESS (If rural, give location) <u>330 Morehead</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ana</u> (Middle) <u>Ethel</u> c. (Last) <u>Hicks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/24/51</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8/5/1890</u>		
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Ralls Co., Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>George Taft</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Miller</u>		13c. NAME OF HUSBAND OR WIFE <u>Clifford W. Hicks</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>None</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>B. W. Bess</u> ADDRESS <u>Moberly 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.) _____		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 <u>7-6-50</u> , 19____, to <u>3-24-51</u> , 19____, that I last saw the deceased alive on <u>3-24-51</u> , 19____, and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. T. Whitaker M.D.</u>				23b. ADDRESS <u>205 S. Fifth, Moberly Mo.</u>		23c. DATE SIGNED <u>3-26-51</u>		
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>		24b. DATE <u>3/27/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelpe Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>East of Moberly Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/27/51</u>		REGISTRAR'S SIGNATURE <u>Leah Debra...</u>		FUNDERAL DIRECTOR'S SIGNATURE <u>Wm. C. Miller</u>		ADDRESS <u>Moberly Mo.</u>		

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

APR 2 1951

Date Received:

~~MAR 2 1951~~

DISTRICT HEALTH OFFICE #2

District File Number 4-51-6

Date Filed: APR 2 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.

Student
Student Embalmer,

Signed

Marie E. Million

Licensed Embalmer No. _____

3957

P. O. Address _____

Moderly 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.