

FILED APR 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13102 Registrar's No. 465

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Competition MO 30</u>	
c. LENGTH OF STAY (in this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Samuel</u> (Type or Print)		b. (Middle) <u>J.</u> c. (Last) <u>HICKMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>11/11/1876</u>
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>
11. BIRTHPLACE (State or foreign country) <u>Laclede Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Hickman</u>	
14. NAME OF HUSBAND OR WIFE <u>Alice Brackett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Melvin Brackett</u>		ADDRESS <u>Competition</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>Fracture skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bleeding Left Ear</u> DUE TO (c) <u>Bruise of Cheek</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Car</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lebanon MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 10 1951 12:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>car turned over</u>			
22. I hereby certify that I attended the deceased from <u>Apr. 10</u> , 19 <u>51</u> , to <u>Apr. 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr. 13</u> , 19 <u>51</u> , and that death occurred at <u>2 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Bernier</u>		23b. ADDRESS <u>Lebanon Mo</u>	
23c. DATE SIGNED <u>4-16-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4/15/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Poston Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-17-1951</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Roberts</u>		ADDRESS <u>Lebanon Mo.</u>	

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

Received APR 21 1951
Laclede County Health Unit
File No. 4-51-62
Date Filed APR 21 1951

4-21-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Stanley R Palmer

Signed
Student Embalmer

Licensed Embalmer No. 4811

P. O. Address Lebanon 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.