

FILED MAY 17 1951

STANDARD CERTIFICATE OF DEATH

15572

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5110 Registrar's No. 420

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FILMORE TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FILMORE TWP</u>	
c. LENGTH OF STAY (In this place) <u>5 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR GLEN ALLEN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR GLEN ALLEN</u>		d. STREET ADDRESS <u>NEAR GLEN ALLEN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS. EMMA</u> b. (Middle) <u>HICKMAN</u> c. (Last) <u>HICKMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3rd 1951</u>	
5. SEX <u>F.M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov. 26 1888</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR <u>0</u> Days	IF UNDER 24 HRS. <u>7</u> Hours <u>---</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Weakley County Tenn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Cox</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Cox</u>		14. NAME OF HUSBAND OR WIFE <u>E. B. Hickman Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Louie Sensing</u> ADDRESS <u>Fulton, Ky</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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ 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 <u>331X</u>	
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) 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>April 26, 1951</u> , to <u>May 5, 1951</u> , that I last saw the deceased alive on <u>April 30, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Everette L. Price, D.O.</u> (Degree or title)		23b. ADDRESS <u>Lutesville Mo.</u>	
23c. DATE SIGNED <u>5-8-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW TRACE CREEK</u>	24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Paul Amburgh</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>LUTESVILLE, MO.</u>	

RECEIVED

MAY 16 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.