

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15651

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 598

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1015 S. 18th Street		d. STREET ADDRESS (If rural, give location) 1015 S. 18th Street 0	

3. NAME OF DECEASED (Type or Print) Daisy	a. (First)	b. (Middle) May	c. (Last) Hicks	4. DATE OF DEATH (Month) (Day) (Year) May 30, 1951.
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5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced - 5	8. DATE OF BIRTH August 5, 1877	9. AGE (In years last birthday) 73	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Nunica, Michigan /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Steinrod Hartley	13b. MOTHER'S MAIDEN NAME Emma Easterly	14. NAME OF HUSBAND OR WIFE Charles Hicks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sadie Haynes	ADDRESS St. Joseph, Missouri.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis		
	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 ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331X
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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? ✓
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22. I hereby certify that I attended the deceased from May 29, 1950, to May 30, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Collis Pounds, M.D.	23b. ADDRESS Kansasville, Mo.	23c. DATE SIGNED May 31-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 1, 1951.	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. June 5, 1951	REGISTRAR'S SIGNATURE Carl C. Easterly	FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer	ADDRESS St. Joseph, Mo.
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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\*\*\*\*\*

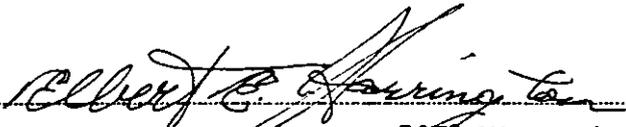
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Student Embalmer No. \*\*\* \*\*

working under my personal supervision.

Signed



Signed.....  
\*\*\*\* \*\*  
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.