

FILED JUN 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. **16252**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5460** Registrar's No. **509**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Springfield OR Town Rural Clay Twp.		c. CITY OR TOWN Springfield 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Mo. Hiway 65		d. STREET ADDRESS (If rural, give location) 932 South Ave. 1	

3. NAME OF DECEASED (Type or Print) a. (First) ALVIN	b. (Middle) EUGENE	c. (Last) HICKEY	4. DATE OF DEATH (Month) (Day) (Year) 6-6-51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18	9. AGE (In years last birthday) 27	# UNDER 1 YEAR Months	# UNDER 100 Hrs. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (State or foreign country) Slick Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry Clyde Hickey	13b. MOTHER'S MAIDEN NAME Alta May Moore	14. NAME OF HUSBAND OR WIFE Mary Hickey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWII	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Hickey Spfld. Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck		INTERVAL BETWEEN ONSET AND DEATH Inst. 8-1-94
	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.		

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway-65	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay Twp., Greene Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 6 '51/9:15	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Skidded off pylon-structure
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22. I hereby certify that I attended the deceased from **10** to **10**, and that death occurred at **3:15p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. E. M. ... (Crown)	(Degree or title)	23b. ADDRESS Spfld Mo	23c. DATE SIGNED 6-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 8, 1951	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 6-7-51	REGISTRAR'S SIGNATURE W. E. Landley	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co.	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1921-1922

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Mal Rhodes*

Licensed Embalmer No. *4071*

P. O. Address *Spring Hill*

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.