

FILED MAY 19 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 16583

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1854

3

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (If this place) 28 YRS		d. STREET ADDRESS (If rural, give location) 3009 Harrison St 343A	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) On Intercity Viaduct			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Dallas c. (Last) Hicks	4. DATE OF DEATH (Month) (Day) (Year) 4-27-51
5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH SEPT. 3, 1917
9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK HELPER	10b. KIND OF BUSINESS OR INDUSTRY WATSON TRUCK CO.	11. BIRTHPLACE (State or foreign country) ST. JOSEPH, MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME HARRY ZERMAN HICKS	13b. MOTHER'S MAIDEN NAME MARY ELIZABETH GREEN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 487-10-9145	17. INFORMANT'S SIGNATURE OR NAME MRS HARRY HICKS	ADDRESS 3009 HARRISON-K.C. MO
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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) Crushed skull		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Contusion chest		
	DUE TO multiple abrasions		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. truck + car.		E 8/16/51	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Fracture + Impaction	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.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-27-51 9:30A	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Trauma
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens	(Degree or title) Coroner	23b. ADDRESS 1036 Baiter Blvd	23c. DATE SIGNED 4-27-51
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24. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE 4-30-51	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) ST. JOSEPH MO.
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DATE REC'D BY LOCAL REG. 4-30-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE MELHODY - McHILLEY-EYLAR	ADDRESS K.C. MO.
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(Licensed Embalmer's Statement on Reverse Side)

LINE

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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working under my personal supervision.

Student Embalmer No.....

Signed..... *F. S. Walter*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2744*.....

P. O. Address *K. C. 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.