

S. No. 300
V. 10.48

FILED JUL 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22821

0400

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

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5479 Registrar's No. 91

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Grundy Co</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Taylor Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Taylor Twp.</u> | |
| c. LENGTH OF STAY (In this place) <u>10yrs</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. FULL NAME OF HOSPITAL OR INSTITUTION | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) _____ c. (Last) <u>Hickman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-51</u> |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>3-3-1873</u> |
| 9. AGE (In years last birthday) <u>78</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Mercer Co., Mo</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>John Hickman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Phobe Tatman</u> | 14. NAME OF HUSBAND OR WIFE <u>Anna Hickman</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Anna Hickman Brimson, Mo</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>Acute myocardial infarct</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21a. ACCIDENT SUICIDE HOMICIDE | | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | |
| 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>December, 1950</u> , to <u>6-28</u> , 1951, that I last saw the deceased alive on <u>6-26</u> , 1951, and that death occurred at <u>7:40 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>e. L. Clark</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Princeton, Mo.</u> | |
| 23c. DATE SIGNED <u>6-29-51</u> | | 23d. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>6-30-51</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mercer Co, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>6/30/51</u> | | REGISTRAR'S SIGNATURE <u>Jeanne Jan</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u> | | ADDRESS <u>Princeton, Mo</u> | |

