

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25899

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 60

1030
1

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Runk Liberty</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Runk Liberty 1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles west of Beavie</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles west of Beavie</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> b. (Middle) <u>Lee</u> c. (Last) <u>Hick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 3 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>2/22/1890</u>	9. AGE (in years last birthday) <u>61</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Appleton, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jesse Hick</u>	13b. MOTHER'S MAIDEN NAME <u>ANNE STORY</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE Hick</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MINNIE Hick</u>
		ADDRESS <u>Beavie</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 July 3, 1951, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 4 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas T. Francisco</u> (Degree or title)	23b. ADDRESS <u>D.O. Beavie, Mo.</u>	23c. DATE SIGNED <u>July 5, 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/6/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Beavie Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Beavie Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>409 G.H. Tucker</u>	
DATE REC'D BY LOCAL REG. <u>7-13-51</u>	REGISTERAR'S SIGNATURE <u>Beavie</u>	ADDRESS <u>Beavie</u>

RECEIVED

JUL 17 1951

DISTRICT HEALTH OFFICE No. 6

File 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. D. Schuman*
Licensed Embalmer No. 4086

P. O. Address Walden

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.