

S. No. 300  
v. 10.46

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32483**

**NOV 5 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 63

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Barry</b>                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Laurence</b> |  |
| b. CITY OR TOWN <b>Monett, Mo.</b>                                  |  | c. CITY OR TOWN <b>Rural Freistatt Township</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent Hospital</b> |  | d. STREET ADDRESS (If rural, give location) <b>R. F. D. 1 Monett, Mo.</b>  |  |

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| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Alleen</b><br>b. (Middle) _____<br>c. (Last) <b>Hickman</b> | 4. DATE OF DEATH<br>Month <b>10</b> Day <b>13</b> Year <b>1951</b> |
|--|--|

|  |                               |   |                                   |   |                                    |  |                                |                               |
|--|-------------------------------|---|-----------------------------------|---|------------------------------------|--|--------------------------------|-------------------------------|
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>2-11-1900</b> | 9. AGE (In years last birthday) <b>51</b>                           | IF UNDER 1 YEAR<br>Months <b>8</b> | IF UNDER 1 YEAR<br>Days <b>2</b>           | IF UNDER 1 YEAR<br>Hours _____ | IF UNDER 1 YEAR<br>Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>                         |                                   | 11. BIRTHPLACE (State or foreign country) <b>Clay Center Kansas</b> |                                    | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |                                |                               |

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|---|--|---|
| 13a. FATHER'S NAME <b>Omer E. Sommers</b> | 13b. MOTHER'S MAIDEN NAME <b>Anna Relia Wood</b> | 14. NAME OF HUSBAND OR WIFE <b>James E. Hickman</b> |
|---|--|---|

|   |                                     |   |                                 |
|---|-------------------------------------|---|---------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Harold Sommers</b> | ADDRESS <b>Randsburg Calif.</b> |
|---|-------------------------------------|---|---------------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic insufficiency of aorta</b>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Arterio-sclerosis</b> |  |                                  |
|   | DUE TO (c) <b>Coronary vascular disease</b>  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | 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 Oct 6, 1951, to Oct 13, 1951, that I last saw the deceased alive on Oct 13, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

|   |                                 |                                     |
|---|---------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Robert H. ...</b> | 23b. ADDRESS <b>Monett, Mo.</b> | 23c. DATE SIGNED <b>Oct 17 1951</b> |
|---|---------------------------------|-------------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>10-18-1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Pea Ridge Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Pea Ridge, Ark.</b> |
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|--|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. <b>10-17-51</b> | REGISTRAR'S SIGNATURE <b>Katherine Henderson, Dep.</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>MERCER FUNERAL HOME.</b> | ADDRESS <b>Monett, Mo.</b> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

OCT 30 1951

Dist. File 1257-1910  
Date Filed 10-27-51

OCT 27 1952

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

Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.