

No. 300
10-48

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41646

State File No. 5578

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

1. PLACE OF DEATH a. COUNTY Jackson <i>B</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Caldwell <i>Mo</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nettleton <i>H.R.</i>	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 2 1/2 miles S.E. Nettleton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) RUSSELL	b. (Middle) Axon	c. (Last) HICKS	4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1951
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5. SEX M <input type="radio"/> F <input type="radio"/>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <i>2</i>	8. DATE OF BIRTH Oct 4 1903	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 WKS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ralph Hicks	13b. MOTHER'S MAIDEN NAME Bella Axon	14. NAME OF HUSBAND OR WIFE Mary Hicks
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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. NO	17. INFORMANT'S SIGNATURE OR NAME Mrs Belle Hicks Nettleton 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Diabetic Coma</i>		<i>72 hrs</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Diabetes Mellitus</i> DUE TO (c)		<i>15 yrs</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>260x</i>	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from *12/19*, 1951, to *12/20*, 1951, that I last saw the deceased alive on *12/20*, 1951, and that death occurred at *2* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Mark Dodge MD</i> (Degree or title)	23b. ADDRESS 4635 Wyandotte St.	23c. DATE SIGNED 12-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal <i>4</i>	24b. DATE 12/20/51	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem	24d. LOCATION (City, town, or county) (State) Breckenridge Missouri
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DATE REC'D BY LOCAL REG. <i>12-26-51</i>	REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

For Frank ...
2:30 P.M.
635 Wyan ... - Jan 0 1952
MAR 13 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 *Gerald A. Burger*

Licensed Embalmer No. *4763*

P. O. Address *K. E. 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.