

STANDARD CERTIFICATE OF DEATH

State File No. 3688

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FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4508 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salera Lincoln
c. LENGTH OF STAY (in this place) 18 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY Stone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lincoln
d. STREET ADDRESS (If rural, give location) Salera - mo. 1040

3. NAME OF DECEASED
a. (First) William b. (Middle) Jr c. (Last) Hicks
4. DATE OF DEATH Jan 28 1952 (Month) (Day) (Year)

5. SEX M 6. COLOR OR RACE wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan 8-1873 9. AGE (in years last birthday) 79-0-20 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 11. BIRTHPLACE (State or foreign country) Christian Co. mo 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Aaron Hicks 13b. MOTHER'S MAIDEN NAME Emeline Ray 14. NAME OF HUSBAND OF WIFE Martha J. Hicks

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 ADDRESS Jake Hicks Salera mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction
ANTECEDENT CAUSES (b) Hypertension
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 _____

20. AUTOPSY? YES NO

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) 4202

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from ~~1946~~ 1946, to Jan 28, 1952, that I last saw the deceased alive on 27 Jan, 1952, and that death occurred at 3:40 am., from the causes and on the date stated above.

23a. SIGNATURE J. Murray M.D. (Degree or title) 23b. ADDRESS Salera mo 23c. DATE SIGNED 29 Jan 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 30/1952 24c. NAME OF CEMETERY OR CREMATORY River Dale 24d. LOCATION (City, town, or county) (State) Highlandville mo

DATE REC'D BY LOCAL REG. Jan. 28-52 REGISTRAR'S SIGNATURE Mrs. J. Edmer Brossan 317-1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett J. Cheatham - Salera mo

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Everett J. Cheatham

Signed.....

Student Embalmer

Licensed Embalmer No. *3870*

P. O. Address *Halena 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.