

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1952

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5180 Registrar's No. 9

0150
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldridge Mo. Warrenship</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldridge</u> <u>0150</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Star Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Star Route</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel Dewey</u> b. (Middle) <u>Hickson</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 - 1952</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 17 - 1899</u>	9. AGE (In years) (Last birthday) (Months) (Days) (Hours) (Min.) <u>53</u> <u>7</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of or his life, even if retired) <u>School Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Educational</u>		11. BIRTHPLACE (State or foreign country) <u>Omaha Neb.</u>	

13a. FATHER'S NAME <u>John Hickson</u>	13b. MOTHER'S MAIDEN NAME <u>(?) Corrigan</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Sauder Hickson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO. <u>505-01-8177</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Alice Hackman as above</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u>		
	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 <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) <u>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from Feb 28 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Abbie Bankson Woolery³ Coroner</u>	23b. ADDRESS <u>Camden Mo.</u>	23c. DATE SIGNED <u>Feb 28 - 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to home</u>	24b. DATE <u>Feb 29 - 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zilberst Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Neb.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 29 - 1952</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bankson Woolery Camden Mo</u>
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mo

APR 26 1932

APR 27 1932

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 Abbie Banksen Woolery

Licensed Embalmer No. 2488

P. O. Address Camden N. J.

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.