

FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5039

State File No.

562

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

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland, Mo</u> | |
| c. LENGTH OF STAY (in this place) <u>3 weeks</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural - 0489</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4216 Wyoming St</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Horace</u> b. (Middle) <u>Casswell</u> c. (Last) <u>Hickman</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-52</u> |
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| 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>8-8-1873</u> | 9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months - Days IF UNDER 12 HRS. Hours - Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Cross timbers, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>William C Hickman</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Jane Hicks</u> | 14. NAME OF HUSBAND OR WIFE <u>Effie Dell Hickman</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Effie Dell Hickman Wheatland, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>153X</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of transverse Colon</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hepatitis</u> DUE TO (c) <u>Chronic Degenerative Colitis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u> | | | |

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| 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., to 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 January 13, 1952, to February 5, 1952, that I last saw the deceased alive on Feb 5, 1952, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Nora Rosalie Thrig</u> (Degree or title) | 23b. ADDRESS <u>510-12th & Walnut St Bldg Kemo</u> | 23c. DATE SIGNED <u>2-5-52</u> |
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| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u> | 24b. DATE <u>2-5-52</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>2-5-52</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wainall Funeral Home</u> |
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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 Russell W. France

Signed.....
Student Embalmer

Licensed Embalmer No. 4255

P. O. Address H. C. 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.