

FILED APR 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7875
Registrar's No. 22

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5352

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Dallas
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington
d. STREET ADDRESS (If rural, give location) 0300

3. NAME OF DECEASED
a. (First) MARY
b. (Middle) Ellen
c. (Last) Hicks

4. DATE OF DEATH (Month) (Day) (Year)
3 - 25 - 52

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2

8. DATE OF BIRTH Sept - 13 - 1875

9. AGE (in years) 76 6 12
last birthday Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Dallas Co Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Phillips

13b. MOTHER'S MAIDEN NAME Betsey Hildebrand

14. NAME OF HUSBAND OR WIFE John W. Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME MR. Eddie Hicks ADDRESS Phillipsburg

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of brain
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH 3 days

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)
331X

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 3-22, 1952, to 3-25, 1952, that I last saw the deceased alive on 3-23, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.

23b. ADDRESS Conway

23c. DATE SIGNED 3-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-30-52

24c. NAME OF CEMETERY OR CREMATORY Harmony Cem.

24d. LOCATION (City, town, or county) (State) Dallas Co Mo

DATE REC'D BY LOCAL REG. 3-28-52

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Montgomery - Vaughan Buffalo, Mo

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

3000

2. 0 07

W F

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.....
Student Embalmer

Signed *Allen W. Vaughan*.....

Licensed Embalmer No. *4156*.....

P. O. Address *Urbana, Ma*.....

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.