

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8403**  
**1041**

FILED MAR 22 1952

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>KANSAS CITY</b> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>KANSAS CITY</b> TOWN	
c. LENGTH OF STAY (In this place) <b>16 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>4506 FOREST AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CORNER OF 45TH &amp; TRACOST AVENUE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>(Tom)</b> c. (Last) <b>HICKERSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH-4-1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 21. 1896</b>
9. AGE (In years last birthday) <b>56</b>		10. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ELECTRICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COLUMBIAN STEEL TANK</b>	
11. BIRTHPLACE (State or foreign country) <b>MAITLAND, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>GEORGE HICKERSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA GOODWIN</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. THERESA HICKERSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WORLD WAR I 494-14-3291</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. THERESA HICKERSON</b> ADDRESS <b>4506 FOREST AVE. KANSAS CITY, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as suffocation, asphyxia, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		Morbidity 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.				4201	

19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:00A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh B. Owens</b> (Degree or title)		23b. ADDRESS <b>1039 Park to Play</b>		23c. DATE SIGNED <b>3-4-52</b>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>		24b. DATE <b>MAR 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HILLCREST CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>SOUTH OF SKIDMORE, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Newcomer's Sons</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>3-5-52</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		Licensed Embalmer's Statement on Reverse Side	

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

108  
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MAR 22 1911

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 *Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City, 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 8403  
Local Registrar's No. 1041

State of Missouri  
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of April, 1952, before me appears Theresa Hickerson

who, upon her oath, states that the original record of ~~birth~~ death for Thomas Hickerson died March 4, ~~born~~ 19 52, in the State of Missouri, and which was filed at Kansas City on Mar. 5, 1952 should be corrected as follows:

Item No. 3 should read Thomas (Tom) Hickerson  
Instead of Thomas Hickerson

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. 2 should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Theresa Hickerson Relationship Wife

4506 Forest Kansas City, Mo.  
Present Address.

Subscribed and sworn to before me this 7th day of April, 1952

My Commission expires Oct. 21, 1955 Carrie M. Ruppel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

