

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5-5-38  
State File No. 27870

FILED AUG 18 1952

BIRTH NO.		REG. DIST. NO. 139	PRIMARY REG. DIST. NO. 5537	Registrar's No. 61
1. PLACE OF DEATH a. COUNTY <u>Holt 8440</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt 11440</u>		
b. CITY OR TOWN <u>Rural - Lincoln township</u>	c. LENGTH OF STAY (In this place) <u>23 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lincoln township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 miles north of Craig, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles north of Craig, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Clark</u>	c. (Last) <u>Hickman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1952</u>
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>aug. 31, 1867</u>	9. AGE (In years last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On the farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>N.Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George F. Hickman</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Hickman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Hickman - Craig, Mo.</u>	
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 heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of mouth</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
		ANCEDECENT CAUSES 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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
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 <u>June, 1948</u> to <u>Aug, 1952</u> that I last saw the deceased alive on <u>Aug 14, 1952</u> and that death occurred at <u>3:39 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>D. B. ...</u> (Degree or title)		23b. ADDRESS <u>2 Craig Mo</u>	23c. DATE SIGNED <u>8/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>aug. 16, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>	24d. LOCATION (City, town, or county) (State) <u>near Craig Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/16/1952</u>	REGISTRAR'S SIGNATURE <u>Ann Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur L. Schooner - Craig, Mo.</u>		

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.....

*myself*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Wilber L. Scholes*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.