

FILED AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28659

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5678 Registrar's No. 24

570  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Waverly Twp</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lansumville 0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H.O.M.E.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Colbert</u> c. (Last) <u>Hickerson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 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>Feb. 17 1900</u>		9. AGE (In years last birthday) <u>52</u> If UNDER 1 YEAR: Months <u>5</u> Days _____ If UNDER 1 WEEK: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pike Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Samuel Hickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Sophronia Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Hickerson</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>Mrs George Hickerson, Collins Mo</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</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"/>
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 1940, to 7-15, 1952 that I last saw the deceased alive on 7-10, 1952 and that death occurred at 7:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Mathews, M.D.</u> (Degree or title)	23b. ADDRESS <u>Bondy Green Mo</u>	23c. DATE SIGNED <u>7-18-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 18th</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek</u>
		24d. LOCATION (City, town, or county) (State) <u>Pike Co. Mo</u>

DATE REC'D BY LOCAL REG. <u>8-12-52</u>	REGISTRAR'S SIGNATURE <u>Mrs Clarence Kientz</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Grace Bankhead Bowling Green Mo</u>
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**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 \_\_\_\_\_

*Harold C. Kirk*

Signed.....

Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Banking Plaza*

**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.