

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30589

State File No. ....

WED AUG 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4544 Registrar's No. 7951

1. PLACE OF DEATH a. COUNTY <u>WEBSTER 1120</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>UNKNOWN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NIANGWA MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>COAH VALLEY Ill</u> 8/20	
c. LENGTH OF STAY (in this place) <u>2 WKS</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IRVIN</u>	b. (Middle) <u>WAYNE</u>	c. (Last) <u>HICKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 15 1952</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>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN 14 1950</u>	9. AGE (In years last birthday) <u>2</u>	if UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>DAVENPORT, IA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HERSCHELL HICKS</u>	13b. MOTHER'S MAIDEN NAME <u>LELA LETTERMAN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>HERSCHELL HICKS COAH VALLEY, IA</u>	ADDRESS <u>COAH VALLEY, IA</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LEUKEMIA, LYMPHOCYTIC</u>		INTERVAL BETWEEN ONSET AND DEATH <u>NOT KNOWN</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>TERMINAL STAGES OF</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 <u>2040</u>	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., in 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) (m.)	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 AUG. 13, 1952, to AUG. 15, 1952, that I last saw the deceased alive on AUG 14, 1952 and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>NIANGWA, MO.</u>	23c. DATE SIGNED <u>AUG 16 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-17-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROPER</u>	24d. LOCATION (City, town, or county) (State) <u>LARLEDE CO MO</u>
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DATE REC'D BY LOCAL REG. <u>8/22/52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>392-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER-BARTO</u>	ADDRESS <u>MARSHFIELD MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 20 1952

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Rev Barber*

Licensed Embalmer No. 3848

P. O. Address 77th, Bronx

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.