

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30798

State File No.

REC'D OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1039

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u> | |
| c. LENGTH OF STAY (In this place) <u>50 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>411 Michigan St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 Michigan St.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LULU</u> | b. (Middle) <u>ALICE</u> | c. (Last) <u>HICKEY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 3 1952</u> |
|-------------------------------------|------------------------|--------------------------|-------------------------|--|

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|----------------------|-------------------------------|---|-----------------------------------|---|-----------------------|---------------------|----------------------|---------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>4-11-1883</u> | 9. AGE (In years last birthday) <u>69</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 MRS. Hours | # UNDER 1 MRS. Min. |
|----------------------|-------------------------------|---|-----------------------------------|---|-----------------------|---------------------|----------------------|---------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Junction City, Oregon</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Samuel Butrick</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Walker</u> | 14. NAME OF HUSBAND OR WIFE <u>Thomas Hickey (de)</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. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.L. Spargur, 411 Michigan St.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INSET BETWEEN ONSET AND DEATH <u>1 day</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Woman died suddenly at her home without history of any serious illness or disability.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) | 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 on 10/3, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:00P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. F. Mundy M.D.</u> (Degree or title) | 23b. ADDRESS <u>St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>10/3/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-6-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Oct 6, 1952</u> | REGISTRAR'S SIGNATURE <u>Carl C. Coats</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joseph, Misso</u> |
|---|--|---|

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

0117

OCT 15

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 Elmer E. Bazan

Licensed Embalmer No. 4795

P. O. Address St. Joseph, 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.