

No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36479
9316

State File No. _____
Registrar's No. _____

REC'D OCT 21 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			a. STATE Illinois		b. COUNTY Saline
c. LENGTH OF STAY (In this place) 28 days			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lora		Lora		Hicks	10 8 52
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday) Months Days
Female	White	Married		Feb. 15, 1895	57 7 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
Housewife		At home		Hardin Co., Illinois	
12. CITIZEN OF WHAT COUNTRY?			U.S.A.		
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Chester Hubbard		Anna Cunningham		Frank Hicks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
no		nil		unknown Frank Hicks, Independence, Ill.	
18. CAUSE OF DEATH					
Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-operative aspiration pneumonia (broncho)					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
DUE TO (b) Recurrent Meningioma of Tuberculum Sellae					
DUE TO (c) Recurrent Meningioma of Tuberculum Sellae					
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		
10/1/52			Recurrent Meningioma of Tuberculum Sellae		
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?	
				223X	
22. I hereby certify that I attended the deceased from 9/22, 1952, to 10/8, 1952, that I last saw the deceased alive on 10/8, 1952, and that death occurred at 1:30 a. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)			23b. ADDRESS		23c. DATE SIGNED
FR Prader M.D.			Barnes Hospital		10/8/52
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
removal		10-8-52		Springvalley	
				Saline Co., Ill.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
OCT 8 1952		J. Carl Smith M.D.		Albert H. Hoppe, 4700 Washington	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John A. Benneke
Licensed Embalmer No. 4194

P. O. Address _____

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.