No. 300
10-48

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39739

State File No.

BIRTH NO. REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5-947 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: St James
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 5-947
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St James. - Rural - 0810 D
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ola
b. (Middle): Zephan
c. (Last): Hickinbotham

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 11-1897
9. AGE (In years last birthday): 54 — If under 1 year: Months 11, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mo. D
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Geo Sugers
13b. MOTHER'S MAIDEN NAME: Nancy Michelson
14. NAME OF HUSBAND OR WIFE: J. B. Hickinbotham

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: J. B. Hickinbotham - St James

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer left breast with — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) generalized Metastasis — 2 years.

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: 170x
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-18, 1952, *to* 11-14, 1952, *that I last saw the deceased alive on* 11-1, 1952, *and that death occurred at* 8 30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. A. Stricker M.D.
23b. ADDRESS: St James Mo
23c. DATE SIGNED: 11-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-28-52
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): St James, Mo.

DATE REC'D BY LOCAL REG.: 11-29-52
REGISTRAR'S SIGNATURE: Ruth B. Powell 47
25. FUNERAL DIRECTOR'S SIGNATURE: Oral E. Lichlider
ADDRESS: St James

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1952

DEC 2 1952

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 Cecil E Vicklicks

Licensed Embalmer No. 3546

P. O. Address St James 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.