

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42593**

FILED JAN 7 - 1953

Registrar's No. **579**

REG. DIST. NO. **136** PRIMARY REG. DIST. NO. **2801**

BIRTH NO. _____		REG. DIST. NO. 136		PRIMARY REG. DIST. NO. 2801		Registrar's No. 579			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 3 MOS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		d. STREET ADDRESS (If rural, give location) 1934 MANITOU			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1102 BROADWAY				d. STREET ADDRESS (If rural, give location) 1934 MANITOU					
3. NAME OF DECEASED (Type or Print) a. (First) LU			b. (Middle) ROY		c. (Last) HICKS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 28, 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV 1, 1883		9. AGE (In years last birthday) 69 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOIST ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY LEAD & ZINC MINES		11. BIRTHPLACE (City and State or Foreign Country) MCCUNE, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JOHN HICKS			13b. MOTHER'S MAIDEN NAME MARGARET TUCKER		14. NAME OF HUSBAND OR WIFE SADIE E. HICKS				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS SADIE E. HICKS, 1934 MANITOU, JOPLIN					
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) Bilateral hydronephrosis ANTECEDENT CAUSES DUE TO (b) Benign nodular prostatic hyperplasia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis.				INTERVAL BETWEEN ONSET AND DEATH Several yrs Several yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 610X				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) (Min.)		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 <u>Sept.</u> , 1952, to <u>12/22/</u> , 1952, that I last saw the deceased alive on <u>12/22/</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ralph E. Meinhardt M.D.				23b. ADDRESS 410 Jackson, Joplin, Missouri		23c. DATE SIGNED 12/30/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-30-52		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE		24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 1-2-53		REGISTRAR'S SIGNATURE Ed. D. Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.					

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

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RECEIVED 1-5-53
Jasper County Health Office

County File Number 53/1/16

Date Filed 1-6-53

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jasper 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.