

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4701**FILED **MAR 5 - 1953** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville 0013	
c. LENGTH OF STAY (In this place) yrs.		d. STREET ADDRESS (If rural, give location) 1101 E. Alexander	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1101 E. Alexander			
3. NAME OF DECEASED (Type or Print) Lula		a. (First)	b. (Middle)
		c. (Last) Hicks	
4. DATE OF DEATH (Month) (Day) (Year) 2 25 53			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 22, 1879
9. AGE (In years last birthday) 73	10. MONTHS 0	11. BIRTHPLACE (State or foreign country) Mo.	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY none		
13a. FATHER'S NAME Andrew Elmore		13b. MOTHER'S MAIDEN NAME Emma Standford	
14. NAME OF HUSBAND OR WIFE Hiram Hicks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Hiram Hicks ADDRESS Kirkville, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Arterio-sclerotic heart disease		2 years
	DUE TO (c) Generalized arterio-sclerosis		5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	4200		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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?	
22. I hereby certify that I attended the deceased from April 26, 1946 , to February 25, 1953 , that I last saw the deceased alive on February 19, 53 , and that death occurred at 4:10 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Howard E. Gross, D.O.		23b. ADDRESS Kirkville, Mo.	23c. DATE SIGNED 2-26-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-27-53	24c. NAME OF CEMETERY OR CREMATORY Gibbs Cemetery	24d. LOCATION (City, town, or county) (State) Gibbs Mo.
DATE REC'D BY LOCAL REG. 3-2-53	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Harris ADDRESS Kirkville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert B. Davis*

Licensed Embalmer No. 4219.....

P. O. Address Kirkville, 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.