

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10715**

FILED MAR 17 1953

BIRTH NO.		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 6		
1. PLACE OF DEATH a. COUNTY NEW MADRID.				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY NEW MADRID.				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID. 1721				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) TOMMIE			a. (First)		b. (Middle)		c. (Last) HICKS	
4. DATE OF DEATH MAR 4 - 53		(Month) (Day) (Year)		5. SEX M. V.		6. COLOR OR RACE COLORED.		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Widowed		8. DATE OF BIRTH about 1893		9. AGE (In years last birthday) 70		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NEW MADRID.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Tom. Hicks.		13b. MOTHER'S MAIDEN NAME UNK.		14. NAME OF HUSBAND OR WIFE UNK.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Bob Hicks, New Madrid.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Clopermia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hepatic Cirrhosis DUE TO (c) Malnutrition				INTERVAL BETWEEN ONSET AND DEATH 30 days Unknown Unknown		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 5810 YES <input type="checkbox"/> NO <input 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) m.		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 October, 1952 , to March, 1953 , that I last saw the deceased alive on 1 Mar, 1953 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Louis J. Smith M.D. (Degree or title)				23b. ADDRESS New Madrid Mo. 9 Mar 53		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/8/53		24c. NAME OF CEMETERY OR CREMATORY SAND HILL.		24d. LOCATION (City, town, or county) (State) NEW MADRID. MO.		
DATE REC'D BY LOCAL REG. 3/11/53		REGISTRAR'S SIGNATURE Helen Lou Jones		FUNERAL DIRECTOR'S SIGNATURE Richards Undert. Co.		ADDRESS New Madrid 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 *L. S. Hargreth*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid, 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.