

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10821

FILED APR 2 1953

State File No.

BIRTH NO. REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 6908 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holland	
c. LENGTH OF STAY (in this place) 52 years		d. STREET ADDRESS (If rural, give location) Holland Miss	
d. FULL NAME OF HOSPITAL OR INSTITUTION Holland Hosp			

3. NAME OF DECEASED a. (First) Mary b. (Middle) Angeline c. (Last) Hicks			4. DATE OF DEATH (Month) March (Day) 19 (Year) 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 23 1974	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 HR. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Jake Black		13b. MOTHER'S MAIDEN NAME Onie Benford		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Ingous Howell ADDRESS Holland			
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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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thyrototoxicosis: nodular thyroid Cardio-Renal Disease - Corbide ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exophthalmic Goiter Sarcoma DUE TO (c) Possible Ca. of Thyroid with Metastasis				INTERVAL BETWEEN ONSET AND DEATH November 1952 To March 19, 1953	
19a. DATE OF OPERATION No Oper.		19b. MAJOR FINDINGS OF OPERATION No 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) (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 **Nov. 1952**, to **March 19, 1953**, that I last saw the deceased alive on **March 18, 1953**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Woodrow McC. Law, M.D.		23b. ADDRESS 205 S. 2nd St. Hayti, Missouri		23c. DATE SIGNED 3/21/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Number 8		24d. LOCATION (City, town, or county) (State) Cooter Mo	
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DATE REC'D BY LOCAL REG. 3-27-53		REGISTRAR'S SIGNATURE [Signature] 249-0		25. FUNERAL DIRECTOR'S SIGNATURE Holt Funeral Home ADDRESS Blytheville Ark			
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(Licensed Embalmer's Statement on Reverse Side)

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

3-11-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 31 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

E. M. Holt

Signed.....
Student Embalmer

Licensed Embalmer No. *4454*

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.