S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13321

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 482

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 514 No. 10th St. ~~Adelaide Smith Nursing Home~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missori
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph Rural Washington
d. STREET ADDRESS (If rural, give location): R.F.D. # 6 0110

3. NAME OF DECEASED (Type or Print)
a. (First): VERONA
b. (Middle): M.
c. (Last): HICKMAN

4. DATE OF DEATH (Month) (Day) (Year): 4 23 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: 6-4-1873
9. AGE (In years last birthday): 79 — 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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Cedar Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Jeffries
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None (divorced)

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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Clyde Pace, R.F.D. # 5, St. Joe.

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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio sclerosis — not sure
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: ✓ 331X
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* March 1953, *to* April 23 1953, *that I last saw the deceased alive on* April 23, 1953, *and that death occurred at* 10:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Collis Roundy MPO
23b. ADDRESS: Kirkpatrick Bldg, City
23c. DATE SIGNED: April 25-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-27-1953
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: April 28, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE: John E. Kupp
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 persona! supervision.

Student .....
Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.