.S. No. 300
v. 10.48

6001
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17409

State File No.

FILED JUN 1- 1953

BIRTH NO. REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LIBERTY
c. LENGTH OF STAY (in this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 402 W. FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LIBERTY 6001
d. STREET ADDRESS (If rural, give location) 402 W. FRANKLIN

3. NAME OF DECEASED (Type or Print)
a. (First) LEONARD
b. (Middle) N.
c. (Last) HICKS

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Sept. 30 1881
9. AGE (In years last birthday) 71 | 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) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY CLEANER
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME A.W. HICKS
13b. MOTHER'S MAIDEN NAME RAMETH MOSLEY
14. NAME OF HUSBAND OR WIFE MRS. CLARA HICKS

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. NONE
17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Hicks | ADDRESS Liberty

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: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

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* July 5, *1952, to* May 25, *1953, that I last saw the deceased alive on* May 25, *1953, and that death occurred at* 3:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Arthur Grice (Degree or title) D.O.
23b. ADDRESS 10 W. Kansas, Liberty, Mo.
23c. DATE SIGNED 30 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 28 1953
24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW
24d. LOCATION (City, town, or county) LIBERTY, Mo. (State)

DATE REC'D BY LOCAL REG. May 30-1953
REGISTRAR'S SIGNATURE Mabel Graham 491-0
25. FUNERAL DIRECTOR'S SIGNATURE Tyler-Lasley Funeral Home | ADDRESS Liberty

(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 personal supervision.

Student _____
Student Embalmer

Signed [signature]

Licensed Embalmer No. 4534

P. O. Address Liberty 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.