S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21855

FILED JUL 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 129

7000 5

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

1. PLACE OF DEATH
a. COUNTY: JACKSON Prairie Twp
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LITTLE BLUE
c. LENGTH OF STAY (In this place): 3 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COUNTY HOME FOR AGED

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE: Mos. b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 32781
d. STREET ADDRESS (If rural, give location): 1754 Harrison Rear

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

4. DATE OF DEATH (Month) (Day) (Year): 6 14 53

5. SEX: MALE 2
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DON'T KNOW 1
8. DATE OF BIRTH: 1903
9. AGE (In years last birthday): 50 — 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): DON'T KNOW
10b. KIND OF BUSINESS OR INDUSTRY: DON'T KNOW
11. BIRTHPLACE (City and State or Foreign Country): Louisa Ky
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: DON'T KNOW
13b. MOTHER'S MAIDEN NAME: DON'T KNOW
14. NAME OF HUSBAND OR WIFE: DON'T KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: DON'T KNOW
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Institutional Record

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) Interstitial Nephritis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 593 X
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* June 1 1953, *to* June 14, 1953, *that I last saw the deceased alive on* June 14, 1953, *and that death occurred at* 4P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. H. Griffin O. M.D.
23b. ADDRESS: R-# 4 Independence Mo
23c. DATE SIGNED: 6-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 6-18-1953
24c. NAME OF CEMETERY OR CREMATORY: Louisa
24d. LOCATION (City, town, or county) (State): LOUISA, KENTUCKY

DATE REC'D BY LOCAL REG.: 6-18-53
REGISTRAR'S SIGNATURE: N B Langford 4850
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: BRADY-BROWN K.C., 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 personal supervision.

Student .....
Student Embalmer

Signed John R. Dickmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, M

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.