

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28211

State File No.

FILED SEP 10 1953

BIRTH NO. _____ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 4174 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Bunklin</u>		2. USUAL RESIDENCE (Where deceased lived in institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bunklin</u>	
b. CITY OR TOWN <u>Cardwell</u>		c. CITY OR TOWN <u>Cardwell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0350</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>David</u> c. (Last) <u>Hicklin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7. 28-53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Feb. 11-1870</u>
9. AGE (In years) <u>83</u> IF UNDER 1 YEAR (Specify Day) <u>3</u> IF UNDER 1 MONTH (Specify Day) <u>17</u> IF UNDER 24 HRS. (Specify Hour) (Min.)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>		11. BIRTHPLACE (State or foreign country) <u>Madisonville, Ky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joe Hicklin</u>	
13b. MOTHER'S MAIDEN NAME <u>Sallie Ashley</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joe Hicklin (SON)</u>		ADDRESS <u>Cardwell, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (c) _____	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF 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 <u>1940</u> , to <u>7-28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-28</u> , 19 <u>53</u> , and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. W. English MD</u>		23b. ADDRESS <u>Cardwell, Mo</u>	23c. DATE SIGNED <u>9-5-53</u>
24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE <u>7-31-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cockrum</u>	24d. LOCATION (City, town, or county) (State) <u>Cardwell Rt 1</u>
DATE REC'D BY LOCAL REG. <u>7-29-53</u>	REGISTRAR'S SIGNATURE <u>Hubert B. Baird</u> <u>472</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harmon Funeral Service</u> ADDRESS <u>Cardwell Mo.</u>	

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-9-53

COUNTY FILE NUMBER 953-217

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 Michael B. Baird

Licensed Embalmer No. 4898

P. O. Address Cardwell, 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.