

FILED SEP 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29706

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>300</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bretton Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Pateci 1100</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Near Pateci 1100</u>				
3. NAME OF DECEASED (Type or Print) p. (First) <u>Leonard</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Hickman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25-1953</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 3 1909</u>		
9. AGE (In years last birthday) <u>43</u>		MONTHS <u>8</u>		DAYS <u>22</u>		BY ORDER OF RES. Hours <u></u> Mins. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ceased) <u>Saw mill operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Hickman</u>			13b. MOTHER'S MAIDEN NAME <u>Maisy White</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Hickman</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>43-060-9993</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Hickman Pateci Mo.</u> ADDRESS <u></u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic shock</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple injuries</u>					4 hours	
		DUE TO (c) <u></u>						
		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 <u>E 9101</u> <u>3</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>HOMICIDE Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In woods</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richwoods 110 Washington Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 25 1953 8:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Was hit by falling tree.</u>				
22. I hereby certify that I attended the deceased from <u>8-25</u> , 19 <u>53</u> , to <u>8-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-25</u> , 19 <u>53</u> , and that death occurred at <u>12:40 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Walter W. Turner MD</u> (Degree or title)				23b. ADDRESS <u>334 N. Allen, Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>8/27/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ston Sett Hills Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug. 27, 1953</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Spark</u>		ADDRESS <u>Pateci Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 1961

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 Thurgood Spivey

Licensed Embalmer No. 4256

P. O. Address 1401 Lewis Ave

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.