

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **30748**

FILED SEP 8 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6102</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis (Rural)</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis Jefferson</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 0990</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u> b. (Middle) <u>W</u> c. (Last) <u>HICKS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 1953</u>			
5. SEX <u>M O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>JUNE 6 1869</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>1</u> YEARS <u>1</u> DAYS <u>1</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country)			
13a. FATHER'S NAME <u>Newton Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schaeffer</u>		14. NAME OF HUSBAND OR WIFE <u>Paulie Hicks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clare Hicks</u> ADDRESS <u>Memphis 3</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>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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)		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>1950</u> , to <u>Aug 31, 1953</u> , that I last saw the deceased alive on <u>Aug 30, 1953</u> , and that death occurred at <u>9:00 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Lowe</u> (Degree or title) <u>2 Do</u>				23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>9/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawn Center</u>		24d. LOCATION (City, town, or county) (State) <u>Linn Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/4/53</u>		REGISTRAR'S SIGNATURE <u>Vera G. Turner</u> <u>476-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucy W. Barber</u> ADDRESS <u>Memphis</u>			

(Increased Embalmers' Statement on Reverse Side)

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

No. 300  
10-48

990  
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**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 \_\_\_\_\_

Licensed Embalmer No. 4255

P. O. Address Memphis

**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.**