

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38170**

FILED NOV 17 1953

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **177**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladonia, Mo, 6040	
c. LENGTH OF STAY (In this place) 10 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			

3. NAME OF DECEASED (Type or Print) Ethel Jane Hickman			4. DATE OF DEATH (Month) (Day) (Year) Nov. 5. 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 16, 1880		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & clerk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ladonia County, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Highfield		13b. MOTHER'S MAIDEN NAME Mary Cooper		14. NAME OF HUSBAND OR WIFE Harry L. Hickman	
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. 491-36-6733		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Bloom ADDRESS Indiana	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure			INTERVAL BETWEEN ONSET AND DEATH 9 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage			Several years
		DUE TO (c) Hypertension			331X
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **April**, 19**53**, to **November**, 19**53**, that I last saw the deceased alive on **Nov. 5**, 19**53**, and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William W. Jones - D.O.		23b. ADDRESS Ladonia, Mo.		23c. DATE SIGNED 11/6/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 7, 1953		24c. NAME OF CEMETERY OR CREMATORY Ladonia, Mo.	
24d. LOCATION (City, town, or county) (State) Ladonia, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wilbur Deenhoff ADDRESS Ladonia, Mo.			
DATE REC'D BY LOCAL REG. Nov 7-1953		REGISTRAR'S SIGNATURE Blanche Keely 90			

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

DEC 17 1960

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 Clyde Wilkey

Licensed Embalmer No. 3826

P. O. Address Perry Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.