

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40091

State File No.

No. 300
10-48

FILED NOV 23 1953

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Irondale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital, dead</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) on arrival <u>JAUNITA</u>		b. (Middle) <u>HICKS</u>	
c. (Last) <u>HICKS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14 1953</u>	
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec. 7 1947</u>
9. AGE (In years last birthday) <u>5</u>		10. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fletcher Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Vivian Edgar Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Stricklin</u>	
14. NAME OF HUSBAND OR WIFE <u>##</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Allen Hicks, Irondale Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apparently malnutrition.</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>treated by Stanley S. Burns, Intern</u>	
DUE TO (c) <u>several times for papilloma recurrent from 4/53 to 11/53. at city hospital, St. Louis, MO.</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>212X</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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ A. m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Bert G Miller</u> (Degree or title)		23b. ADDRESS <u>3 Corvus Farmington Mo.</u>	
23c. DATE SIGNED <u>11/15/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>11-16-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Puxico Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 16, 1953</u>		REGISTRAR'S SIGNATURE <u>Etherell</u>	

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

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Imperial, Nev

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.