

V. S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41564

State File No.

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2982

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>ILLINOIS</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN <u>RICHMOND NEIGHBORHOOD</u>		c. CITY OR TOWN <u>BENTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>527 W 6th ST 81208</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HALLIE</u>	b. (Middle) <u>HICKMAN</u>	c. (Last) <u>LEWIS</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>NOV 17 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 8, 1896</u>	9. AGE (In years last birthday) Months Days	<u>57 9 9</u>	10. UNDER 1 HRS. Hours Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BENTON, ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Robert E. Hickman</u>	13b. MOTHER'S MAIDEN NAME <u>Delia Whittington</u>	13c. NAME OF HUSBAND OR WIFE <u>Howard Lewis</u>
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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>424K</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Corra Freeman, Benton, Ill.</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>acute 48 hrs</u> <u>4-5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intraventricular Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Muscular Dystrophy progressive</u> DUE TO (c)		
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)
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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?
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22. I hereby certify that I attended the deceased from Nov. 14, 1953, to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 10:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas W. Parker M.D.</u>	23b. ADDRESS <u>4660 Maryland Avenue</u>	23c. DATE SIGNED <u>11/18/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Nov 18, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M & V. O. F Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>BENTON, ILL</u>
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DATE REC'D BY LOCAL REG. <u>11/18/53</u>	REGISTRAR'S SIGNATURE <u>Herbert S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Campbell Mortuary</u>	ADDRESS <u>5165 Delmar Blvd</u>
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(Return Embalmers' Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Rex E Campbell*.....

Licensed Embalmer No. *3881*.....

P. O. Address *St Louis 8 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.