

FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44973

BIRTH NO.		REG. DIST. NO. 372		PRIMARY REG. DIST. NO. 4552		Registrar's No. 74		
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY Wright				
b. CITY (If outside corporate limits, write RURAL and give township) Mtn Grove, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Mtn Grove, Mo.		d. STREET ADDRESS (If rural, give location) East 9th St. 1141		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Sterling b. (Middle) Price c. (Last) Hicks			4. DATE OF DEATH (Month) (Day) (Year) Dec 18, 1953					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Jan 13, 1864		
9. AGE (In years last birthday) 89		10. MONTHS 11		11. DAYS 5		IF UNDER 1 YEAR IF UNDER 12 HRS. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail merchant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Give and State or Foreign Country) Oak Flat, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John C. Hicks			13b. MOTHER'S MAIDEN NAME Nancy Hawkins			14. NAME OF HUSBAND OR WIFE Julia Hicks		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME John Hicks			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Rectum				INTERVAL BETWEEN ONSET AND DEATH Not known	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 154X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., 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 June, 1949, to Dec 78, 1953, that I last saw the deceased alive on Dec 18, 1953, and that death occurred at 10:55 P.M., from the causes and on the date stated above.								
23a. SIGNATURE M. D.				23b. ADDRESS Mountain Grove Mo		23c. DATE SIGNED Dec 20 1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-21-53		24c. NAME OF CEMETERY OR CREMATORY Hill Crest		24d. LOCATION (City, town, or county) (State) Mtn Grove, Mo		
DATE REC'D BY LOCAL REG. 12-22-53		REGISTRAR'S SIGNATURE A. B. ... 348-C		25. GENERAL DIRECTOR'S SIGNATURE Gladys W. ... Mtn Grove Mo				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 29 1953
WRIGHT CO. HEALTH DEPT.
County File Number 1253-162
Date Filed 12-31-53

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 *Frank Gable*

Licensed Embalmer No. 4140

P. O. Address *Wright Co. Health Dept.*

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

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