

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4126**

BIRTH NO. **FILED FEB 25 1954** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **156**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
c. LENGTH OF STAY (in this place) 40yrs.		d. STREET ADDRESS (If rural, give location) 2119 Wood St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2119 Wood St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Imodell	b. (Middle) Hanna	c. (Last) Hicks	4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 9 1877	9. AGE (In years last birthday) 76	10. MONTHS 12	11. DAYS 24	12. HOURS 10	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Phelps	13b. MOTHER'S MAIDEN NAME Ann Hawkins	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Maudie Crunk	ADDRESS Poplar Bluff, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	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	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) 334x
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Clara W. Phelps Coronet	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED Feb 11 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 12 1954	24c. NAME OF CEMETERY OR CREMATORY Black Creek Cemetery	24d. LOCATION (City, town, or county) (State) Butler County, Mo.
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DATE REC'D BY LOCAL REG. 2/18/54	REGISTRAR'S SIGNATURE W. D. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Black's Mortuary	ADDRESS Corning, Ark.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
FEB 23 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

CLASS A

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 *Gene Harrent*

Licensed Embalmer No. *4809*

P. O. Address *Doniphan, 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 this body is not embalmed, fact should be so stated above.