S. No. 200
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4635

FILED FEB 16 1954

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5489 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melbourne
c. LENGTH OF STAY (In this place): 6 years.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home Melbourne Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melbourne
d. STREET ADDRESS (If rural, give location): None. 410 D

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): J
c. (Last): Hickman

4. DATE OF DEATH (Month) (Day) (Year): Feb 4 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: MAR 27 1892
9. AGE (In years last birthday): 61 — If under 1 year: Months 10, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic and body man.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Spickard, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Hickman
13b. MOTHER'S MAIDEN NAME: Laura Jane Campbell
14. NAME OF HUSBAND OR WIFE: Violet Hickman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): World War I and II
16. SOCIAL SECURITY NO.: 495-05-9802
17. INFORMANT'S SIGNATURE OR NAME: Violet J. Hickman
ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH:

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: 1561
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1 – 1954, *to* Feb 4, 1954, *that I last saw the deceased alive on* Feb 2, 1954, *and that death occurred at* 7:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Bailey
(Degree or Title): D.O.
23b. ADDRESS: Jamesport Mo
23c. DATE SIGNED: 2-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 6 1954
24c. NAME OF CEMETERY OR CREMATORY: Welch chapel cemetery
24d. LOCATION (City, town, or county) (State): Brinson Mo.

DATE REC'D BY LOCAL REG.: 2-8-54
REGISTRAR'S SIGNATURE: Zola Burris
25. FUNERAL DIRECTOR'S SIGNATURE: Davis - Blackmon
ADDRESS: Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1954

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 Harold L Roberts

Licensed Embalmer No. 4920

P. O. Address Trenton, 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.