

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5441

State File No.

 BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5751 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>FREDERICKTOWN</u>	c. LENGTH OF STAY (in this place) <u>28 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. MINE LA MOTTE RD.</u>		d. STREET ADDRESS (If rural, give location) <u>N. MINE LA MOTTE RD.</u>	

3. NAME OF DECEASED (Type or Print) <u>ALONZO</u>	a. (First)	b. (Middle) <u>-</u>	c. (Last) <u>HICKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 17, 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 10, 1871</u>	9. AGE (In years last birthday) <u>82</u>	10 UNDER 1 YEAR <u>8</u> Months	11 UNDER 24 HRS. <u>7</u> Hours	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER-TEACHER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. FRANCOIS CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES ROBERT HICKS</u>	13b. MOTHER'S MAIDEN NAME <u>HANNAH LOUISA EGGERT</u>	14. NAME OF HUSBAND OR WIFE <u>STELLA HICKS</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. STELLA HICKS - FREDERICKTOWN</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, asthma, 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) <u>Acute myocarditis</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c)		<u>3 weeks</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>481 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	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)	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 January 16, 1954, to February 17, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

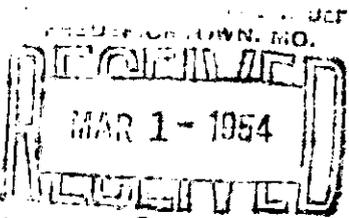
23a. SIGNATURE (Degree or title) <u>E. W. Delyene D.O.</u>	23b. ADDRESS <u>Fredricktown Mo</u>	23c. DATE SIGNED <u>2/17/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/20/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Libertyville, St. Francois, MO</u>
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DATE REC'D BY LOCAL REG. <u>2-23-54</u>	REGISTRAR'S SIGNATURE <u>Therence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Adamson</u>	ADDRESS <u>FREDERICKTOWN</u>
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(Licensed Embalmer's 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
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4284

P. O. Address Fredricktown

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.