

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7510

State File No.

BIRTH NO. FILED FEB 25 1954 REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Puxico
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1030 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Cora	b. (Middle) Idella	c. (Last) Hicks	4. DATE OF DEATH (Month) (Day) (Year)
				Feb 10 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Aug. 28 1877	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR 5	11. UNDER 12 MONTHS 12	12. IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pape Co. Mo 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Crump	13b. MOTHER'S MAIDEN NAME Syntha Jones	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME Mrs Jack Cookson	ADDRESS Puxico 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		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 794X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 _____, 1945, to 2-10, 1954, that I last saw the deceased alive on 2-9, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. S. Reelings	(Degree or title)	23b. ADDRESS Puxico Mo	23c. DATE SIGNED 2/13/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 11 1954	24c. NAME OF CEMETERY OR CREMATORY Brown	24d. LOCATION (City, town, or county) (State) near Puxico Mo
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DATE REC'D BY LOCAL REG. 2/20/54	REGISTRAR'S SIGNATURE Pearl Reed	490-	25. FUNERAL DIRECTOR'S SIGNATURE Floyd Morgan	ADDRESS Puxico Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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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 *William H. Morgan*.....

Licensed Embalmer No. *464*.....

P. O. Address *Adwans*.....

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.