

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

8347

State File No.

BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1619 MAIN ST</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u> d. STREET ADDRESS (If rural, give location) <u>1619 MAIN ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>MAY</u> c. (Last) <u>HICKMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 13 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR-1-1870</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>GEORGE NIGH</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA VANDERFORD</u>	
14. NAME OF HUSBAND OR WIFE <u>EBEN HICKMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>EBEN HICKMAN</u>		ADDRESS <u>1619 MAIN TRENTON MO.</u>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 <u>March 5, 1954</u> , to <u>March 13, 1954</u> , that I last saw the deceased alive on <u>March 13, 1954</u> , and that death occurred at <u>9:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.H. Houllers, M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton, Mo.</u>	
23c. DATE SIGNED <u>3-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR-16-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SPICKARD MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-16-54</u>		REGISTRAR'S SIGNATURE <u>Gene Jais</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHOOLER FUNERAL HOME</u>		ADDRESS <u>SPICKARD MO.</u>	

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
Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.