

FILED MAY 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14966**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **509**

1. PLACE OF DEATH

a. COUNTY **Euchanan**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph**

c. LENGTH OF STAY (in this place) **70 Yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Methodist Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE **Missouri** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **2714 Olive Street**

3. NAME OF DECEASED

a. (First) **Enoch** b. (Middle) **Ogden** c. (Last) **Hicks**

4. DATE OF DEATH (Month) (Day) (Year) **May 10, 1954**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** **Widowed** **8. DATE OF BIRTH** **October 25, 1868** **9. AGE** (In years last birthday) **85**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Mechanical Engineer--Standard Oil** **10b. KIND OF BUSINESS OR INDUSTRY** **Co. St. Louis, Missouri.** **11. BIRTHPLACE** (City and State or Foreign Country) **Co. St. Louis, Missouri.** **12. CITIZEN OF WHAT COUNTRY** **USA**

13a. FATHER'S NAME **Thomas E. Hicks** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Jeanette N. Hicks**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) ********* **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Roger L. Hicks** **ADDRESS** **Wichita, Kansas.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**

ANTECEDENT CAUSES

DUE TO (b) **Bilat Bronchitis**

DUE TO (c) **Vascular Calculi**

II. OTHER SIGNIFICANT CONDITIONS **Asteroidosis Generalized**

INTERVAL BETWEEN ONSET AND DEATH: **1 month**, **3 years**, **5 years**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **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) _____ **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 **6-12**, 19**50**, to **5-10**, 19**54**, that I last saw the deceased alive on **5-10**, 19**54**, and that death occurred at **1:40 P** m., from the causes and on the date stated above.

23a. SIGNATURE **Irwin Rosenthal** (Deceased or title) **23b. ADDRESS** **St Joseph Mo** **23c. DATE SIGNED** **5-12-54.**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **May 12, 1954** **24c. NAME OF CEMETERY OR CREMATORY** **Mt. Mora Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Joseph, Missouri.**

DATE REC'D BY LOCAL REG. **May 20, 1954** **REGISTRAR'S SIGNATURE** **Esther M. Allison** **485** **25. FUNERAL DIRECTOR'S SIGNATURE** **Wm. Meierhoffer - Schuman** **ADDRESS** **St. Joseph, Mo**

(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.....^{***}^{****}
Signature of Student Embalmer

Signed *Elbert B. Harris*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.