

FILED MAY 19 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 15056

Registration No. 311

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registration No. <u>311</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		<u>0124</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>1322 Garfield</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle)		c. (Last) <u>Hicks</u>			
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<u>May 5</u>		<u>1954</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, <del>SEPARATED</del> (Specify)		8. DATE OF BIRTH <u>12-24-1894</u>			
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?			
<u>60</u>		<u>Retired Housewife</u>		<u>Florence Alabama</u>		<u>U.S.A.</u>			
13a. FATHER'S NAME <u>Walker Weekly</u>			13b. MOTHER'S MAIDEN NAME <u>Anna</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Agusta Cheeks Evanson III</u>					
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>							
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, asphyxia, 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* <u>Hypertensive Cardio-Vascular Disease</u>				DUE TO (a) <u>Acute coronary Thrombosis</u>				? <u>1-2 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>None</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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) m.		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>2 Apr</u> , 19 <u>54</u> , to <u>5 May</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5 May</u> , 19 <u>54</u> , and that death occurred at <u>10:17</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John L Sample M.D.</u>				23b. ADDRESS <u>819 Garfield St. Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>10 May 54</u>			
24a. BURIAL OR CREMATION (Specify)		24b. DATE <u>May 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/10/54</u>		REGISTRAR'S SIGNATURE <u>R W Minter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith, Director, Mo.</u>		ADDRESS			

RECEIVED  
MAY 17 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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

*Fred J. Smith*

Licensed Embalmer No. *4408*

P. O. Address *Sikeston 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.