

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22278**
 Registrar's No. **210**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (in this place) 2 months	c. CITY OR TOWN Monroe City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hoop # 1		e. STREET ADDRESS (If rural, give location) Route # 3 0640 / 1	

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle) JANE	c. (Last) HICKMAN	4. DATE OF DEATH (Month) (Day) (Year) July 18 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Sept 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Michael O'Fallen	13b. MOTHER'S MAIDEN NAME Sarah Wright	14. NAME OF HUSBAND OR WIFE James Hickman
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records, Fulton 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, asthenia, 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) Heat prostration		
	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. E9317 +6			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 137
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 11, 1954**, to **July 18, 1954**, that I last saw the deceased alive on **July 17, 1954**, and that death occurred at **3:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. R. Hunter, M.D. by Hank	23b. ADDRESS Fulton, Mo.	23c. DATE SIGNED July 18, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 21, 1954	24c. NAME OF CEMETERY OR CREMATORY ANDREWS CHAPEL CM - MARION COUNTY MO	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. July 24-1954	REGISTRAR'S SIGNATURE Maretha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Maureen Funder Home Fulton Mo
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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 *J. J. Passon*.....
Licensed Embalmer No. *2555*
P. O. Address *Hullon*.....

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.