

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22474

State File No.

BIRTH NO. 42064-54 REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SMITHVILLE, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARKVILLE, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP.		d. STREET ADDRESS (If rural, give location) RURAL ROUTE 3	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JAMES	b. (Middle) EMERY	c. (Last) HICKS	(Month) JULY	(Day) 28,	(Year) 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JULY 28, 1954	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) SMITHVILLE, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S. A.					

13a. FATHER'S NAME JAMES E. HICKS		13b. MOTHER'S MAIDEN NAME VERNICE MARIE ROWDEN		14. NAME OF HUSBAND OR WIFE ---	
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 JAMES E. HICKS	
				ADDRESS PARKVILLE, MO. ROUTE 3	

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* (a) <u>Asphyxia</u>		DUE TO (b) <u>Premature infant</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Premature labor</u>		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 ---		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) ---	
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 7/28, 1954 to 7/28, 1954 that I last saw the deceased alive on 7/28, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Cochran, M.D.</i>		(Degree or title)		23b. ADDRESS <i>Gas Road, 1770</i>		23c. DATE SIGNED 7/30/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-30-54		24c. NAME OF CEMETERY OR CREMATORY BARRY CEMETERY		24d. LOCATION (City, town, or county) (State) CLAY COUNTY MO.	

DATE REC'D BY LOCAL REG. 7-30-54		REGISTRAR'S SIGNATURE <i>Marguerite Judgens</i>		25. FUNERAL DIRECTOR'S SIGNATURE MCCOMAS FUNERAL HOME,		ADDRESS Smithville, MO.	
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(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Donald W. Hanks

Signed.....
Student Embalmer

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Miss.*

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.