

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1954

State File No. **28460**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5906** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) Peack Orchard		c. CITY OR TOWN Peack Orchard	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 1/2		e. STREET ADDRESS (If rural, give location) 0780	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print) a. (First) Alva b. (Middle) Emerson c. (Last) Hickman			4. DATE OF DEATH (Month) (Day) (Year) JUNE 25 54		
5. SEX M	6. COLOR (OR RACE) W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2 July 1903	9. AGE (In years last birthday) 54	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME Robert Hickman		13b. MOTHER'S MAIDEN NAME Mary Landown		14. NAME OF HUSBAND OR WIFE Dovie Hickman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give map or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Dovie Hickman Peack Orchard ADDRESS _____	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot self in right temple with 38 revolver				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suicide				
		DUE TO (c) _____ 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 E976X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Little River town Pemiscot Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-28-54 A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot self with 38 revolver	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John H. German, Coroner			23b. ADDRESS Peack Orchard		23c. DATE SIGNED 6-29-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 30, 54	24c. NAME OF CEMETERY OR CREMATORY Peack Orchard		24d. LOCATION (City, town, or county) (State) Peack Orchard Mo

DATE REC'D BY LOCAL REG. 8-20-54		REGISTRAR'S SIGNATURE John W. German 406-		25. GENERAL DIRECTOR'S SIGNATURE: Howard F. ... ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0140

8-190-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 25 1954

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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 *Eddie J. Cannon*.....

Licensed Embalmer No. *484*.....

P. O. Address *Smith*.....

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.