

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 - 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 57 vs Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Hudson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>	
c. LENGTH OF STAY (If in this place) <u>3 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>224 East Fourth</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arnold</u>	b. (Middle) <u>Louis</u>	c. (Last) <u>Hicks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 15-54</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 4, 1908</u>	9. AGE (In years last birthday) <u>46</u>	# UNDER 1 YEAR Monthly <u>4</u> Days <u>11</u>	# UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>poultry house</u>	11. BIRTHPLACE (State or foreign country) <u>Jacksonville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Hicks</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Mansfield</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Frances Grant Hicks</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-14-1655</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frances Hicks, Macon, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDULLARY PARALYSIS</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>ALCOHOLIC HALLUCINOSIS</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <u>CHRONIC ALCOHOLISM</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

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)
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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?
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22. I hereby certify that I attended the deceased from 10-15, 1954, to 10-15, 1954, that I last saw the deceased alive on 10-15, 1954, and that death occurred at 4:10p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward A. Morgan, D.P.S.H.O.S.</u> (Degree or title)	23b. ADDRESS <u>Macon, Missouri</u>	23c. DATE SIGNED <u>10-15-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/27/54</u>	REGISTRAR'S SIGNATURE <u>Arthur M. Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rose...</u>	ADDRESS <u>Macon, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
20.48

610  
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RECEIVED 11.1.54  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 11.54.167  
Date Filed 11.4.54

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.

Signed.....  
Student Embalmer

Signed *B. Lester Bran*  
.....

Licensed Embalmer No. 4472

P. O. Address *Macon, 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.