No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34914

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4426 Registrar's No. 121

0840
1

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Play,
d. STREET ADDRESS (If rural, give location): 0840 5

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): Agnes
c. (Last): Hickey

4. DATE OF DEATH (Month) (Day) (Year): Oct. 19 1954

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 8 1888
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): State of Illinois.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Billy Skilles
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Richard Hickey

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: Richard Hickey
ADDRESS: Fair Play, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

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: 334 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 16, 1954, *to* Oct 19, 1954, *that I last saw the deceased alive on* Oct 16, 1954, *and that death occurred at* 11:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D.G. McLerran
(Degree or title): MD
23b. ADDRESS: Bolivar Mo
23c. DATE SIGNED: 10-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10- 22 1954
24c. NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Osceola, Mo.

DATE REC'D BY LOCAL REG.: Oct 26, 1954
REGISTRAR'S SIGNATURE: Ralph Bodenhamer per Judd & Sons
25. FUNERAL DIRECTOR'S SIGNATURE: Barker-Bruin-Blue, Fair Play, Mo
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1955

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.