

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37056**

FILED DEC 13 1954

BIRTH NO. **77304-54** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1264-A**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Rural, Washington	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Johns Hospital		e. STREET ADDRESS (If rural, give location) 4 miles No. of Stockton	
3. NAME OF DECEASED (Type or Print) a. (First) PAMELA b. (Middle) GAIL c. (Last) HICKMAN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 21, 1954
9. AGE (In years last birthday) —	IF UNDER 1 YEAR Months — Days —	IF UNDER 1 YEAR Hours — Min. 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Kenton Hickman		13b. MOTHER'S MAIDEN NAME Genevieve Wallen	
14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dillard Hickman, Stockton, Mo.	

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, ashenia, 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) Congenital Aelectasis		
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 7620
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **11-21, 1954**, to **11-21, 1954**, that I last saw the deceased alive on **11-21, 1954**, and that death occurred at **10:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE J. Ellis (Degree or title) MD	23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 12-1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-22-1954	24c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery
24d. LOCATION (City, town, or county) (State) Stockton, Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Carlton Funeral Home - Stockton, Mo.	ADDRESS
DATE REC'D BY LOCAL REG. 12-8-54	REGISTRAR'S SIGNATURE Edith Williamson	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Not embalmed

Signed

Licensed Embalmer No.....

P. O. Address.....

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.