

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

653

State File No.

FILED JAN 10 1955

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 2

1. PLACE OF DEATH <i>Boonville Mo.</i> a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>COOPER</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Boonville Mo.</i>		c. LENGTH OF STAY (in this place)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>		STREET ADDRESS (If rural, give location) <i>613-10TH ST 02720</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>ARTHUR</i> b. (Middle) <i>EUGENE</i> c. (Last) <i>HICKMAN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JAN 4 55</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>DIVORCED 3</i>	8. DATE OF BIRTH <i>APRIL-28-1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>PLUMBER</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>BOONVILLE MO</i>
12. CITIZEN OF WHAT COUNTRY? <i>0</i>		13a. FATHER'S NAME <i>WILLIAM-HICKMAN</i>	
13b. MOTHER'S MAIDEN NAME <i>SARAH JONES</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>ARTHOLA MUSE LOS ANGELES Cal</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>about 2 hr.</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>acute indigestion</i>	
DUE TO (c) <i>nature of diet over work</i>		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) <i>Boonville Cooper MO.</i>
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 _____, 1923, to <i>1-4</i> , 1955, that I last saw the deceased alive on <i>1-3</i> , 1955, and that death occurred at <i>2 m</i> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dr. K. L. Frasier M.D. Ph.D.</i>		23b. ADDRESS <i>Boonville Mo.</i>	23c. DATE SIGNED <i>1-7-55</i>
24a. BURIAL/CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>JAN 9-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>City</i>
24d. LOCATION (City, town, or county) (State) <i>BOONVILLE MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>MAY + PARKER 814 S. Porter Boonville</i>	
DATE REC'D BY LOCAL REG. <i>1-8-55</i>		REGISTRAR'S SIGNATURE <i>Boonville 381</i>	

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

Student.....
Signature of Student Embalmer

Signed *Stuart P. Parker*

Licensed Embalmer No. *290*

P. O. Address *Columbia*

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.