

## STANDARD CERTIFICATE OF DEATH

5620

FILED MAR 8 1955

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY OR TOWN <u>MONROE CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 E 3RD STREET</u>				e. STREET ADDRESS (If rural, give location) <u>309 EAST 3RD.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>MADISON</u> c. (Last) <u>HICKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4<sup>TH</sup> 1955</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 24 - 1871</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER (CRET)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>JACKSON Hickman</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Hizer</u>		14. NAME OF HUSBAND OR WIFE <u>Mary ELLEN Hickman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ellen Hickman</u> ADDRESS <u>Monroe City Mo</u>			
18. CAUSE OF DEATH PER line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC VALVULAR HEART DISEASE</u> 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. <u>CHRONIC NEPHRITIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 YRS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAR 4 1955</u>		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 <u>APR 7 1949</u> to <u>MAR 4 1955</u> , that I last saw the deceased alive on <u>MAR 4 1955</u> and that death occurred <u>5:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John H. Hobe M.D.</u> (Degree or title)				23b. ADDRESS <u>Monroe City Mo</u>		23c. DATE SIGNED <u>3/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-6-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DEMOS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ROLLS COUNTY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-5-55</u>		REGISTRAR'S SIGNATURE <u>Elmer Robertson 4710</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; SONS, MONROE CITY MO.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 J.M.R......, Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Lester L. Wilcox.....

Licensed Embalmer No. 3014.....

P. O. Address Ucross City.....

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.