

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7250

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0105</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Columbia</u>	c. LENGTH OF STAY (in this place) <u>months</u>	c. CITY OR TOWN <u>Columbia</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>Boone County Hospital</u>		STREET ADDRESS (If rural, give location) <u>1117 Paris Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>	b. (Middle) <u>GLYNDON</u>	c. (Last) <u>HICKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 16, 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>March 22, 1908</u>	9. AGE (In years last birthday) <u>46</u>	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) <u>Salesman for Hoover Sweeper Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>Elbert Hicks</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Mary Holifield</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Fern Swain</u>
---	---	---

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>318-14-6416</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert G. Hicks, Columbia, Mo.</u>
---	---	---

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		INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic 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.		

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) <u>416 x</u>
--	--	---

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 Dec 10, 1954, to April 16, 1955, that I last saw the deceased alive on March 16, 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James D. Allee M.D.</u>	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>3-17-55</u>
--	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 17, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois.</u>
---	-----------------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. <u>Mar. 17 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> <u>31-0</u>	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Career Funeral Service, Columbia, Mo</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1958

APR 8 1958

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 *J. P. Phillips*
Licensed Embalmer No. *489*
P. O. Address *Columbus, Ga.*

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.