

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7580

State File No. ....

FILED MAR 31 1955

BIRTH NO. \_\_\_\_\_ REG.-DIST. NO. 21 PRIMARY REG. DIST. NO. 3012 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>3 Mo.</u>	c. CITY OR TOWN <u>PATTERSON</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>EXCELSIOR SPRINGS HOSPITAL</u>		No. STREET ADDRESS (If rural, give location) <u>NONE</u>	8140 8

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>MILTON</u> c. (Last) <u>HICKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 16, 1955</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MAY - 11 - 1874</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COMMON LABOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>HIRAM HICKMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY PEARSON</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
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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 ADDRESS <u>E. J. HICKMAN, MURRAY, IOWA</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>24 Days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>	ANTECEDENT CAUSES				
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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 <u>Super pubic prostatectomy</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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 2/14, 1955 to 2/16, 1955, that I last saw the deceased alive on 2/16, 1955, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. M. Oran M.D.</u>		23b. ADDRESS <u>Excelsior Springs Mo.</u>		23c. DATE SIGNED <u>2-16-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>2-16-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MURRAY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MURRAY, IOWA</u>		
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DATE REC'D BY LOCAL REG. <u>2/28/55</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	62	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul Richard Excelsior Springs Mo.</u>		
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(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph E. Van Landingham*  
*Rubens*  
Licensed Embalmer No.....  
P. O. Address *Missouri*

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.