

XC-236600  
RN-9428

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21297**

BIRTH NO. FILED AUG 4 - 1955 REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **422**

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Qulin</b>	
c. LENGTH OF STAY (In this place) <b>12</b>		d. STREET ADDRESS (If rural, give location) <b>Route # 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>G.</b> c. (Last) <b>HICKS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 23, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>1-6-96</b>		9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Frank Hicks</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Eads</b>		14. NAME OF HUSBAND OR WIFE <b>Onie Hicks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>WWI</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records</b> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of the abdominal aorta with complete renal shut down</b>				<b>Unknown</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Non-functioning gall bladder</b>					
		DUE TO (c) <b>454X</b>					
		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"/>	
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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)		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 **July 11, 1955**, to **July 23, 1955**, and that death occurred at **11:30am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. W. GASKINS, M.D., Chief of Surg. Sv.</b> (Degree or title)		23b. ADDRESS <b>VA Hospital, Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>7-25-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 25, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Piedmont, Mo. Rte. 1</b>	
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DATE/REC'D BY LOCAL REG. <b>7/28/55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Landess Funeral Home, Campbell, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
AUG 2 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 .....  
Student Embalmer

Signed Christina M. Lundess

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

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 this body is not embalmed, fact should be so stated above.