

FILED JUL 27 1955

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22908**  
Registrar's No. **50**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4322**

1. PLACE OF DEATH a. COUNTY <b>MERCER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GRUNDY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PRINCETON</b>		c. CITY OR TOWN <b>SPICKARD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LAMBERT HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>0.4001</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>HICKMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 17 1955</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC-16-1865</b>
9. AGE (In years last birthday) <b>89</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <b>MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>CONNELLIAS ARNEY</b>	13b. MOTHER'S MAIDEN NAME <b>REBECCA FEARS</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM HICKMAN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ORPHA WYATT SPICKARD MO.</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Haemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 wk</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arterio-sclerosis</b>		
	DUE TO (c) <b>Scurvy</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>			<b>Unknown</b>

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **6:30, 1955** to **7:17, 1955** that I last saw the deceased alive on **7-16, 1955** and that death occurred at **2:03A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank H. Zehert</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Princeton, Mo</b>	23c. DATE SIGNED <b>7/17/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 19, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOX CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>GRUNDY CO. MO.</b>
DATE REC'D BY LOCAL REG. <b>7-25-55</b>	REGISTRAR'S SIGNATURE <b>Paul Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SCHOOLER FUNERAL HOME SPICKARD MO.</b>	

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 *Ross Wise* .....

Licensed Embalmer No. *271* .....

P. O. Address *Richard* .....

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.