

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39946

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5246</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Musselfork Twp.</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>		d. STREET ADDRESS (If rural, give location) <u>R. 1. MISSELEFORK TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Marceline, Missouri</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12/30/55</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BRUCE</u>		b. (Middle) _____		c. (Last) <u>HICKS</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1/4/1872</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>RANDOLPH CO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN HICKS</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE HUGHES</u>		14. NAME OF HUSBAND OR WIFE <u>NORA (DEC.)</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VICTOR HICKS MARCELINE, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
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>MUSSELEFORK TWP. CHARITON MO.</u>		21f. HOW DID INJURY OCCUR? <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>12-17, 1955</u> , to _____, 19____, that I last saw the deceased alive on <u>12-21, 1955</u> , and that death occurred at <u>12 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. W. Babcock M.D.</u>		23b. ADDRESS <u>211 Fern Boulevard</u>		23c. DATE SIGNED <u>12/30/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/3/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SILVER</u>		24d. LOCATION (City, town, or county) (State) <u>LONDON, MO</u>	
DATE REC'D BY LOCAL REG. <u>1/7/56</u>		REGISTRAR'S SIGNATURE <u>D. W. Babcock</u>		55- <u>6</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James McLaughlin Marceline, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed

George B. Russell

Licensed Embalmer No.

4425

P. O. Address

Marceline, Pa.

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.