

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

529 State File No. **4526**

FILED MAR 13 1956

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **5028** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Wheatland Township		c. CITY OR TOWN Wheatland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 years		e. STREET ADDRESS (If rural, give location) 1 mile South of Wheatland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile South of Wheatland			

3. NAME OF DECEASED (Type or Print) Charley Samuel Kick	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Mar 5-1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 6-1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 4 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Live kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) Kirksville, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Perry D. Kick	13b. MOTHER'S MAIDEN NAME Maranda E. Dinham	14. NAME OF HUSBAND OR WIFE Bessie Kick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Bessie Kick, Wheatland, Mo	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart trouble		3 years
	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"/>
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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)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 **Oct 12, 1957** to **March 5, 1956** that I last saw the deceased alive on **March 5, 1956**, and that death occurred at **4 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Briggs, D.D.	23b. ADDRESS Wheatland, Mo	23c. DATE SIGNED 3-5-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 8-1956	24c. NAME OF CEMETERY OR CREMATORY East Center Cemetery	24d. LOCATION (City, town, or county) (State) Kirksville, Mo
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DATE REC'D BY LOCAL REG. 3-6-1956	REGISTRAR'S SIGNATURE Mary Johnson	464	25. FUNERAL DIRECTOR'S SIGNATURE Wilbert Kethaway	ADDRESS Wheatland, Mo
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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 *Chas Gilbert Hathaway*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Wheatland, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.