

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 3 - 1956

State File No. 8528

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 106
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller		
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Eldon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Prison		e. STREET ADDRESS (If rural, give location) 8661		
3. NAME OF DECEASED (Type or Print) a. (First) EDGAR b. (Middle) L. c. (Last) HICKS			4. DATE OF DEATH (Month) (Day) (Year) Apr. 2, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1895	9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Mo. St. Prison	11. BIRTHPLACE (City and State or Foreign Country) Miller Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jessie S. Hicks		13b. MOTHER'S MAIDEN NAME Lena Buster	14. NAME OF HUSBAND OR WIFE Ann V. Hicks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-18-0101	17. INFORMANT'S SIGNATURE OR NAME Ann Hicks ADDRESS Tuscumbia, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis General II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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) 4201	
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? Asbestos bought broken	
22. I hereby certify that I attended the deceased from _____, 19____, to 4-2-56, that I last saw the deceased alive on 4-2-56, and that death occurred at 12-30Am, from the causes and on the date stated above.				
23a. SIGNATURE J. P. Davis MD		(Degree or title)	23b. ADDRESS 2394 1/2 W. Jefferson City, Mo.	23c. DATE SIGNED 4-30-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 5-56	24c. NAME OF CEMETERY OR CREMATORY Tuscumbia	24d. LOCATION (City, town, or county) (State) Tuscumbia, Mo.
DATE REC'D BY LOCAL REG. 3 April 1956		REGISTRAR'S SIGNATURE R. P. Davis MD-MR.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Phillips Tuedon

WRITE PLAINLY—USING UNEADING 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 *Louis A. Phillipino*

Licensed Embalmer No. *3665*

P. O. Address *Freeport*

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.