

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9544

FILED MAR 27 1956

State File No.

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5595</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jeff</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rock</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Arnold</u>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 1 Box 232</u>				e. STREET ADDRESS (If rural, give location) <u>Arnold Mo Rt 1 Box 232</u>			
3. NAME OF DECEASED a. (First) <u>William</u>			b. (Middle) <u>Hickerson</u>			c. (Last) <u>Hickerson</u>	
4. DATE OF DEATH <u>March 3, 1956</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 11, 1893</u>		9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>72</u>		11. DAYS <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Retired Mechanic Wagner Electric</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mokane Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Hickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Nichols</u>		13c. NAME OF HUSBAND OR WIFE <u>Ben Rivers Hickerson</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>492-09-3189</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Everett Hickerson</u> ADDRESS <u>Arnold 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH	
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"/>	
21a. ACCIDENT (Specify) <u>3</u> SUICIDE <u>3</u> HOMICIDE <u>3</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4222</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>Arnold Jefferson</u> (STATE) <u>Mo</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"/>		21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <u>1952</u> , 19 <u>50</u> , to <u>3/3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/3</u> , 19 <u>56</u> , and that death occurred at <u>1:45</u> p.m., from the causes and on the date stated above.		23a. SIGNATURE <u>Offerts</u> (Degree or title)	
23b. ADDRESS <u>Superior, Mo</u>		23c. DATE SIGNED <u>3/3/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/6/1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Mokane Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u> ADDRESS <u>6125 Delmar</u>		DATE REC'D BY LOCAL REG. <u>Mar 3, 1956</u>	
REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u> ADDRESS <u>6125 Delmar</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

438
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Dr O.F. Reich
Arnold Atlas 7-2895
Imperial Hobot 7-2811

Alvin Jansa
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
MAR 7 1956

MAR 27 1956

61-67
Jefferson Co from turn R
1st Brick house on left

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *276*

P. O. Address *6175 Pell*

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.