

FILED MAY 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13948**
Registrar's No. **106**

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 3040		State File No. 13948		Registrar's No. 106	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe				c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Braymer		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				e. STREET ADDRESS (If rural, give location) Washington Township					
3. NAME OF DECEASED (Type or Print)		a. (First) Druary		b. (Middle) J.		c. (Last) Hicks		4. DATE OF DEATH (Month) (Day) (Year) April 20, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 20, 1897		9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Utica, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		IF UNDER 1 YEAR Days 5 IF UNDER 12 HRS. Hours - Min. -	
13a. FATHER'S NAME George R. Hicks		13b. MOTHER'S MAIDEN NAME Margaret Forcum		14. NAME OF HUSBAND OR WIFE Grace Hicks					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes World War I		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. D. J. Hicks, Braymer, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ? DUE TO (c) /// II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 day						20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from April 19, 1955 to April 20, 1956 that I last saw the deceased alive on April 20, 1956 , and that death occurred at 9 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature]		(Degree or title) MD		23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED 4/21/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-22-56		24c. NAME OF CEMETERY OR CREMATORY Enon Cemetery		24d. LOCATION (City, town, or county) (State) Carroll County Mo.			
DATE REC'D BY LOCAL REG. 4/21/56		REGISTRAR'S SIGNATURE Francis B Neill		25. FUNERAL DIRECTOR'S SIGNATURE Dickerson		ADDRESS Funeral Home, Braymer			

(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.....
Signature of Student Embalmer

Signed *P. M. Marshall*.....

Licensed Embalmer No. *25*.....

P. O. Address *Carroll*.....

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.