

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27481

State File No.

FILED SEP 5 1956

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5640 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA RURAL, DAVIS Twp.</u>		c. CITY OR TOWN <u>CONCORDIA RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5mi. NORTH OF CONCORDIA</u>		f. STREET ADDRESS (If rural, give location) <u>5mi. NORTH OF CONCORDIA</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>LEONARD</u> c. (Last) <u>HICKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 23 1956</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov 13 - 1890</u>		9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Months Days		11. UNDER 21 HRS. Hours Min.			
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>CONCORDIA, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John A Hickman</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ELLMAKER</u>			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Hickman</u> ADDRESS <u>CONCORDIA, Mo.</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate with generalized metastases</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u>	
		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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>						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 OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 19 50 to Aug 23 1956, that I last saw the deceased alive on Aug 22 1956 and that death occurred at 8:39 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Brady, M.D.</u> (Degree or title)		23b. ADDRESS <u>Concordia, Missouri</u>		23c. DATE SIGNED <u>8/24/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUGUST 25, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BLACKBURN Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 24 1956</u>		REGISTRAR'S SIGNATURE <u>Clayton N Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. T. Tarker</u> ADDRESS <u>Sweet Springs, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1540

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 *L. F. Parker*.....

Licensed Embalmer No. *384*.....

P. O. Address *Sweet Springs*.....

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.