

FILED OCT 16 1956

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

33407

Registration District No. 69 Primary Registration District No. 5220 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN "Rural" Lincoln		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY-OR TOWN Clever, Rt. #1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #1, Clever			Length of stay in lb 51 Years		d. STREET ADDRESS (If outside, give location) Lincoln Twsp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM FRANKLIN HICKS				4. DATE OF DEATH Month Sept. Day 9 Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 22, 1894	
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 4 Days 20 Hours 1 Min.		IF UNDER 24 HRS. Hours 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Hicks				14. MOTHER'S MAIDEN NAME Betty Elizabeth Ervin			
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. 490280580		17. INFORMANT Address Mrs. Lillie Hicks, Rt. 1, Clever, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 12 Hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Coroner investigated and found that deceased was treated for coronary attack over 12 months prior to death but hadn't seen doctor since				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 11:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Olive Hutter (Degree or title)				22b. ADDRESS Billings, Mo.		22c. DATE SIGNED Oct. 16, 1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-11-1956	23c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery		23d. LOCATION (City, town, or county) (State) Clever, Missouri		
24. FUNERAL DIRECTOR Alan Harris ADDRESS Clever, Mo.			25. DATE RECD. BY LOCAL REG. Sept. 27, 1956		26. REGISTRAR'S SIGNATURE Olive Hutter		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00
56

Coroner cannot certify to a death due to natural causes.

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.....
W. H. Harris

Licensed Embalmer No. *43*

P. O. Address *Cleveland, O.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.