

600 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34356

Dr. Holton
FILED NOV 15 1956

STATE FILE NUMBER

Registration District No. *146* Primary Registration District No. *3026* Registrar's No. *484*

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Indep. Hospital		d. STREET ADDRESS (If outside, give location) 120 E Linden	
3. NAME OF DECEASED (Type or print) MARY <i>First</i> HICKMAN <i>Middle</i> BASIE <i>Last</i>		4. DATE OF DEATH Oct. 31 56	
5. SEX Fe.	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH Aug. 9, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Lexington Mo.
13. FATHER'S NAME William Z. Hickman		14. MOTHER'S MAIDEN NAME Frances	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Forest Ingram		Address Indep. 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pulmonary edema			INTERVAL BETWEEN ONSET AND DEATH 10/8/56
20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 10/8/56 to 10/31/56 and last saw her alive on 10/30/56 Death occurred at 8:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dr. Holton</i>		22b. ADDRESS 10906 W. 2nd St. Mo	22c. DATE SIGNED 10/31/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 2, 1956	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) (State) Indep. MO
24. FUNERAL DIRECTOR Ott & Mitchell		25. DATE RECD. BY LOCAL REG. 11-2-56	26. REGISTRAR'S SIGNATURE <i>James R. Craig</i>

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1956

OCT 3 1957

NOV 13 1956
832

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 49

P. O. Address.....

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.