Health, & Welfare Public Service

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FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37099 STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1225

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hillside Rest Home 718 N. 7th St. — Length of stay in 1b 35 years	d. STREET ADDRESS (If outside, give location) 2001 Mitchell Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Nevada Middle Last Hickey		4. DATE OF DEATH Month Day Year Nov. 16, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH April 9, 1878
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Hancock County, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Perkins		14. MOTHER'S MAIDEN NAME Elizabeth Wildrick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Miss Maida Gill, 1504 S. 20th, St. Joseph, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive Arteriosclerotic Cardio Vascular-disease renal disease (c̄ Failure) [Failure approx.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebrovascular accident

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: ? 1 wk. 2 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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. Month, Day, Year

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 8-8-47, to 11-16-56 and last saw her/him alive on 11-6-56

Death occurred at 6:50p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 0

22b. ADDRESS 311 No 10th St Joseph, Mo.

22c. DATE SIGNED Nov. 20, 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/19/1956	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR Heston-Bowman ADDRESS St Joseph Mo		25. DATE RECD. BY LOCAL REG. Nov 23, 1956	26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

35 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James P. Hawkin

Licensed Embalmer No. 45

P. O. Address 3194 10

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.