

FILED DEC 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38999

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 3053		Registrar's No. 224	
1. PLACE OF DEATH a. COUNTY <i>Phelps</i>				2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Marion</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rolle</i>		c. LENGTH OF STAY (in this place) <i>6 yrs</i>		c. CITY OR TOWN <i>Belle</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>McFarland's Nursing Home</i>				e. STREET ADDRESS (If rural, give location) <i>2630</i>			
3. NAME OF DECEASED (Type or Print) (First) <i>John</i>		b. (Middle) <i>William</i>		c. (Last) <i>Hicks</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 3 - 1956</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Nov 11 - 1870</i>	
9. AGE (In years) (Last day) (Month) (Day) (Year) <i>86</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Farm</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Peter Hicks</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Smith</i>		14. NAME OF HUSBAND OR WIFE <i>Hayden Smith (Deceased)</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Emmet Hicks - Belle - Mo</i>			
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) <i>Senile dementia</i> 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. <i>Generalized arteriosclerosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>yr?</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>304X</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT OR 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-2</i> , 1956 to <i>12-30</i> , 1956 that I last saw the deceased alive on <i>11-30</i> , 1956 and that death occurred at <i>5 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>E. E. Feind M.D.</i>				23b. ADDRESS <i>Rolle Mo.</i>		23c. DATE SIGNED <i>12-5-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-5-1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Liberty Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Belle - Mo</i>	
DATE REC'D BY LOCAL REG. <i>Dec 5, 1956</i>		REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Chas. S. Sauer</i> <i>Blair - Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 592

Date Filed DEC 10 1956

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chute Sassenmann

Licensed Embalmer No. 4178

P. O. Address Blount

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