

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 018032
State File No.

FILED MAY 20 1957

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>NEWTON</u>	
b. CITY OR TOWN <u>Neosho</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Neosho</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>612 WASHINGTON AVE</u>		e. STREET ADDRESS (If rural, give location) <u>612 WASHINGTON AVE. 0730</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELMER</u>	b. (Middle)	c. (Last) <u>HICKS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 7 1957</u>
-------------------------------------	-------------------------	-------------	------------------------	---

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>MAR. 2. 1892</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>PORTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER SHOP.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>YINITA OKLAHOMA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>DENNIS HICKS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY</u>	14. NAME OF HUSBAND OR WIFE <u>MARIE H. HICKS</u>
--	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WART</u>	16. SOCIAL SECURITY NO. <u>448-10-5006</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARIE H. HICKS</u>	ADDRESS <u>NEOSHO MO</u>
--	--	---	--------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>don't know</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis of spine</u>		
	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	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 5-7-1957, to 5-7-1957, that I last saw the deceased alive on 5-7-1957 and that death occurred at 12:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. C. Davis</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Neosho Mo.</u>	23c. DATE SIGNED <u>5/7/57</u>
---	--------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>5-7-1957</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>YINITA OKLAHOMA</u>
--	---------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. <u>5-7-57</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Corey Thompson Jr.</u>	ADDRESS <u>Neosho Mo</u>
--	---	--	--------------------------

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

RECEIVED

District Health Officer No. Newton

District File Number 557-111

Date Filed MAY 13 1957

MAY 28 1957
MAY 29 1957

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 Corley Thompson Sr
Licensed Embalmer No. 3259

P. O. Address Newark, N.J.

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.