t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1957

27246
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY: VERNON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): NEVADA — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): #402 N. Cedar St. WYATT REST HOME #402 No. Cedar St. — Length of stay in 1b: 3 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: BARTON
c. CITY OR TOWN: IRWIN — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: MARY Middle: E Last: HICKMAN

4. DATE OF DEATH Month: JULY Day: 14 Year: 1957

5. SEX: FEMALE **6. COLOR OR RACE:** WHITE **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: MARCH 12, 1877

9. AGE (In years last birthday): 80 — 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: HAMILTON COX
13b. MOTHER'S MAIDEN NAME: SARA FARRELL
14. NAME OF HUSBAND OR WIFE: STERLING HICKMAN

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: Mrs C.T. Beeny Sheldon, 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): Acute Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic R.V.R Disease.
DUE TO (c):
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 [X]

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 JULY 12 1957 to JULY 14 1957 and last saw her/him alive on JULY 14 1957
Death occurred at 3:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Nevada Mo
22c. DATE SIGNED: 7-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JULY 15-57
23c. NAME OF CEMETERY OR CREMATORY: SHELDON CEMETERY
23d. LOCATION (City, town, or county) (State): VERNON Co. MO

24. FUNERAL DIRECTOR: BEENY FUNERAL HOME
ADDRESS: Sheldon Mo
25. DATE RECD. BY LOCAL REG.: 7-22-1957
26. REGISTRAR'S SIGNATURE: Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 S. Bernard Berry

Licensed Embalmer No. 4161

P. O. Address SHELDON MO

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.