

FILED NOV 4 1957

STANDARD CERTIFICATE OF DEATH

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 14

Y. S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richwoods Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Iberia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Iberia, Mo</u>		Length of stay in lb <u>life</u>	d. STREET ADDRESS (If outside, give location) <u>Richwoods Twp</u>		
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Manas</u> Last <u>Hicks</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>19</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 2, 1872</u>	9. AGE (In years of birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Miller Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James K. P. Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Grady</u>		14. NAME OF HUSBAND OR WIFE <u>Rachael Lou Dake</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Rosie Sooter Iberia, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-Vascular-Renal Disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 YRS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>442X</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>✓</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		20f. CITY, TOWN, OR LOCATION <u>Iberia</u>		COUNTY _____	STATE _____
21. I attended the deceased from <u>1950</u> to <u>Oct 19, 1957</u> and last saw <sup>him</sup> alive on <u>Oct 19, 1957</u> Death occurred at <u>3:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John A. Imbahurik D.O.</u>			22b. ADDRESS <u>Crocker Ind.</u>		22c. DATE SIGNED <u>10-23-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/21/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jarrett</u>		23d. LOCATION (City, town, or county) (State) <u>Iberia, Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Hedges Funeral Homes Iberia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 25, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Securing the medical certification in this specific manner required by 192.140 mo. S. 17.47.  
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.

195.

RECEIVED

OCT 28 '57

Miller County  
Health Department

NOV 15 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 *Walter P. Hodge* .....

Licensed Embalmer No. *4265* .....

P. O. Address *Terrell, 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.