

FILED DEC 6 - 1957

STANDARD CERTIFICATE OF DEATH

40205

STATE FILE NUMBER

Health,
& Welfare
Public
Service

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 520

S. 300
v. 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence, Mo.		a. STATE Missouri		b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hospital		Length of stay in 1b 2 days		c. CITY Atherton OR Independence, Rt. 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Oak Forrest Hicks				4. DATE OF DEATH Nov. 28, 1957			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 19, 1874	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) section laborer		10b. KIND OF BUSINESS OR INDUSTRY Santa Fe Railroad		11. BIRTHPLACE (City and state or country) Hardin, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin Hicks				14. MOTHER'S MAIDEN NAME Caroline ---			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 709-18-4306		17. INFORMANT Mrs. Edna Hicks, Independence Rt. 1			
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>Bronchopneumonia</u> DUE TO (b) <u>Arteriosclerotic heart disease + congestive failure</u> DUE TO (c) <u>Uremia + renal failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 1 day 2 1/2 days
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.) 4200	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1956 to 1957 and last saw her alive on Nov 27, 57 Death occurred at 7 am m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Paul L. Bachmann MD				22b. ADDRESS Indep. Mo		22c. DATE SIGNED 11-30-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 30, 1957		23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		23d. LOCATION (City, town, or county) (State) Independence-rural-Missouri	
24. FUNERAL DIRECTOR Hazel H. Reppert		ADDRESS Buckner, Mo.		25. DATE RECD. BY LOCAL REG. 11-30-57		26. REGISTRAR'S SIGNATURE Anne Craig	

(Licensed Embalmer's Statement on Reverse Side)

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DEC 8 1957

DEC 4 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 *Ralph O Jones*

Licensed Embalmer No. *1460*

P. O. Address *Odessa,*

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.