

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5386-58

4113

STATE FILE NUMBER

FILED FEB 11 1958

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> <u>9</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Sikeston</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sikeston</u> Inside Limits <u>1003</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hosp.</u> <u>6 Hrs.</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm <u>622 Lake St.</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lorenda</u> Middle <u>Kay</u> Last <u>Hicks</u>			4. DATE OF DEATH Month <u>1</u> Day <u>19</u> Year <u>58</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-18-58</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Sikeston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>—</u>
13. FATHER'S NAME <u>Walter Weldon Hicks</u>			14. MOTHER'S MAIDEN NAME <u>Maxine Lee</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Weldon Hicks</u> Address <u>Sikeston, Missouri</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>Premature infant 24 wks pregnancy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>776X</u>		

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>776X</u>	
20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year a. m. <u>—</u> p. m. <u>—</u>		
20d. INJURY OCCURRED WHILE AT WORK <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 <u>18-Jan-58</u> to <u>29-Jan-58</u> and last saw her/him alive on <u>18-Jan-58</u> Death occurred at <u>1:40 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>H.B. Thurmonston M.D.</u>	22b. ADDRESS <u>Sikeston, Mo</u>	22c. DATE SIGNED <u>20-Jan-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>1-19-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Prairie Mo</u>	23d. LOCATION (City, town, or county) (State) <u>At East Prairie Mo</u>
24. GENERAL DIRECTOR ADDRESS <u>Corvella Taylor, Sikeston Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-28-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Z. Miller</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED FEB 3 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 258-35

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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