

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1958

58-006442  
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 53

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Marion</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Marion</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth Hosp.</b>		Length of stay in 1b <b>7 days</b>		c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Wallace</b>		Middle <b>Winston</b>		Last <b>Hickman</b>		Month <b>2</b> - Day <b>17</b> - Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 18, 1899</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Theater</b>		11. BIRTHPLACE (City and state or country) <b>Monroe County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13. FATHER'S NAME <b>Britt Hickman</b>				14. MOTHER'S MAIDEN NAME <b>Ida Miller</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Dulcie Hickman</b>		Address <b>Hannibal, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal pneumonia</b>							<b>7 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <b>Metastatic carcinoma, generalized carcinomatosis</b>							<b>6 months</b>
DUE TO (c) <b>Carcinoma of thoracic vertebrae</b>							<b>2 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
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.)				<b>1962</b>
20c. TIME OF INJURY			20d. INJURY OCCURRED				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>2/10/58</b> to <b>2/17/58</b> and last saw <sup>her</sup> him alive on <b>2/17/58</b>			Death occurred at <b>3:00P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <b>W. W. Watters, M.D.</b>			22b. ADDRESS <b>508 Broadway, Hannibal, Mo.</b>		22c. DATE SIGNED <b>2/18/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-19-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Paris, Mo.</b>		
24. FUNERAL DIRECTOR <b>Clark Funeral Home Hannibal, Mo.</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>2/19/58</b>		
					26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke By W. C. Fisher</b>		

RECEIVED FEB 25 1958  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 25 1958

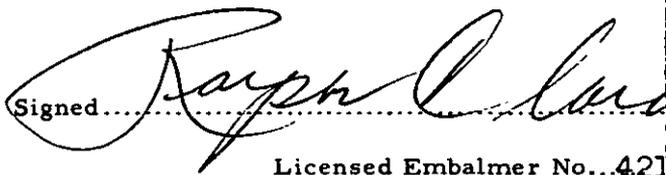
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STATEMENT BY LICENSED EMBALMER

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...421

P. O. Address...Hannibal,

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.