Health, Welfare Public Service

300 -57

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI 10010-58

STANDARD CERTIFICATE OF DEATH

58-006492
STATE FILE NUMBER

Registration District No. 222 Primary Registration District No. 5780 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saline Township — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN Eldon — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Saline Township (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First DARREL Middle LEE Last HICKS

4. DATE OF DEATH Month Feb. Day 6 Year 1958

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 3, 1958
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days 3 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Eldon, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Raymond Hicks
13b. MOTHER'S MAIDEN NAME Helen J. Dorl
14. NAME OF HUSBAND OR WIFE

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 Raymond Hicks Address Eldon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Haemorrhagic disease of newborn — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7710

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Feb 3 '58, to Feb 6 1958 and last saw him alive on Feb 6 1958
Death occurred at 8:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. O. Shelton M.D. (Degree or title)
22b. ADDRESS Eldon, Mo.
22c. DATE SIGNED Feb 7 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 7, 1958
23c. NAME OF CEMETERY OR CREMATORY Mt Pleasant
23d. LOCATION (City, town, or county) Eldon (State) Mo.

24. FUNERAL DIRECTOR Louis D. Phillips ADDRESS Eldon
25. DATE RECD. BY LOCAL REG. Feb. 7 1958
26. REGISTRAR'S SIGNATURE Alverretta Walt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

RECEIVED

MAR 4 '58

Miller County
Health Department

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. 3663

P. O. Address .....

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.