

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013941

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 132 Primary Registration District No. 5480 Registrar's No. 73

300  
1-56

0400  
4

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 a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b> <u>0650</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton Twp</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Mill Grove</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pleinview Rest Home</b> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>Madison Township</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Eben</b> Middle <b>Grant</b> Last <b>Hickman</b>			4. DATE OF DEATH Month <b>Mar.</b> Day <b>27</b> Year <b>1958</b>
5. SEX <b>Male</b> <u>0</u>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 10 1869</b> 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>Grundy Co. Mo.</b> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>Emery Hickman</b>		14. MOTHER'S MAIDEN NAME <b>Martha Wild</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Raymond Hickman Spickard Mo.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Terminal Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 or 4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis and chronic invalidism</b>			<b>3 or 4 yrs.</b>
DUE TO (c) <b>4500</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
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 <b>Jan 1-1958</b> to <b>March 27-1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>March 26-1958</b> Death occurred at <b>12:30 A. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B.H. Sellers M.D.</b> <u>0</u> (Degree or title)		22b. ADDRESS <b>Trenton, Mo.</b>	
22c. DATE SIGNED <b>3-27-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar. 30 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Spickard Mo. Grundy Co.</b>	
24. FUNERAL DIRECTOR <b>Schooler Funeral Home Spickard Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>3-30-58</b>	
		26. REGISTRAR'S SIGNATURE <b>Gene J. ...</b>	

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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 *Ross Wiso* .....

Licensed Embalmer No. *277*

P. O. Address *Richmond*

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.