

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015022  
STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 215 Primary Registration District No. 5783 Registrar's No. 15

Health,  
& Welfare  
Public  
Service

300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iberia Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Iberia Richwoods		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Rt 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John Robert Hicks				4. DATE OF DEATH Month Day Year April 23, 1958				
5. SEX Male 0	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 Aug 17, 1877		9. AGE (In years last birthday) 80	F UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Miller Co. Mo 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Hicks			13b. MOTHER'S MAIDEN NAME Nancy Grady			14. NAME OF HUSBAND OR WIFE Stella Hicks		
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. None		17. INFORMANT Address Stella Hicks Iberia, Mo			
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>Fractured skull</u> DUE TO (b) <u>Fracture</u> DUE TO (c) <u>480X</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 <u>30 days</u> <u>45 days</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.)					
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>near Anthony Miller Co.</u>				
21. I attended the deceased from <u>May 10, 1958</u> to <u>April 23, 1958</u> and last saw her/him alive on <u>April 23, 1958</u> m of the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>C. Mallett M.D.</u>				22b. ADDRESS <u>Ceresco Mo</u>			22c. DATE SIGNED <u>4-28-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/24/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hicks</u>		23d. LOCATION (City, town, or county) (State) <u>Iberia, Mo</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Hedges Funeral Homes Inc Iberia, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>April 27-58</u>		26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>			

RECEIVED

MAY 5 '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 *Walter P. Hedges* .....

Licensed Embalmer No. *1426* .....

P. O. Address *Merida, Mo.* .....

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.