

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017614
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 58

S. 300
-1-57

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|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY CLAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SMITHVILLE, MO. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN SMITHVILLE ⁶⁰⁰⁰ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SMITHVILLE COMMUN-2 HRS. CITY HOSP. | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) WEST MEADOW ST. |
| 3. NAME OF DECEASED (Type or print) First Middle Last HORACE LEE HICKMAN | | | 4. DATE OF DEATH Month Day Year MAY 9, 1958 |
| 5. SEX MALE ⁶ | 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 SEPT. 8, 1915 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC | | 10b. KIND OF BUSINESS OR INDUSTRY T. W. A. | 9. AGE (In years last birthday) 42 |
| 11. BIRTHPLACE (City and state or country) PLATTSBURG, MO. | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME GILBERT HICKMAN | | 13b. MOTHER'S MAIDEN NAME MINNIE CARTMILL | 14. NAME OF HUSBAND OR WIFE RENNA F. HICKMAN |
| 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. 495-10-4809 | 17. INFORMANT Address MRS. H. L. HICKMAN, SMITHVILLE, 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) Head & Chest injuries DUE TO (b) Automobile Trauma (one car) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 |
| 20a. ACCIDENT <input checked="" 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.) Car left road on curve, turned over. | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <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 600 | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE D. L. Pate m.d. (Degree & title) | | 22b. ADDRESS North Kansas City, MO | 22c. DATE SIGNED 5/15/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 5-11-1958 | 23c. NAME OF CEMETERY OR CREMATORY STONY POINT CEMETERY | 23d. LOCATION (City, town, or county) (State) CLINTON COUNTY, MO. |
| 24. FUNERAL DIRECTOR MCCOMAS FUNERAL HOME, ADDRESS SMITHVILLE, MO. | | 25. DATE RECD. BY LOCAL REG. 5-13-58 | 26. REGISTRAR'S SIGNATURE Marguerite Hudgens |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.



MAY 26 1958

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 *Donald W. Hawks*

Licensed Embalmer No. *H. 528*
P. O. Address *Smithville, 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.