

STANDARD CERTIFICATE OF DEATH

58-019300
STATE FILE NUMBER

FILED JUN 12 1958

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo.		c. CITY OR TOWN Waynesville, Mo. ^{6P50} Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		d. STREET ADDRESS (If outside, give location) None. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Rev. John L. Hicks.			4. DATE OF DEATH Month Day Year June 4, 1958
5. SEX Male	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 April 24, 1874
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister.	11. BIRTHPLACE (City and state or country) Plato, Missouri.
13a. FATHER'S NAME Rev. John Hicks.		13b. MOTHER'S MAIDEN NAME Nancy Elled Hawkins	12. CITIZEN OF WHAT COUNTRY? USA
14. NAME OF HUSBAND OR WIFE Emma B. Hicks.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	
16. SOCIAL SECURITY NO. None.		17. INFORMANT Address Mrs. Emma B. Hicks Waynesville, 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) Cerebral hemorrhage DUE TO (b) Diabetes DUE TO (c) 260X PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 8 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 o.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		21. I attended the deceased from 5-4-58 to 6-4-58 and last saw him alive on 6-4-58 Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE C. Miller (Degree or title) M.D.		22b. ADDRESS Waynesville, Missouri	
22c. DATE SIGNED 6/5/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/6/58		23c. NAME OF CEMETERY OR CREMATORY Waynesville Memorial Cem. Waynesville, Mo	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Way, Mo.	
25. DATE RECD. BY LOCAL REG. 6-6-58		26. REGISTRAR'S SIGNATURE Paul Mae Anderson	

JUN 13 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 *Clarence Moss*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, N.C.*

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.