

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026252
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 248

FILED JUL 25 1958

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence 1252 Lyon</u>		d. STREET ADDRESS (If outside, give location) <u>1252 Lyon</u>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>VIRGIL WAYNE HICKMAN</u>			4. DATE OF DEATH Month Day Year <u>July 18, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 15, 1927</u>
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>1 3</u>	IF UNDER 24 HRS. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Signalman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash R.R.</u>	11. BIRTHPLACE (City and state or country) <u>Near Monroe City Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Homer Hickman</u>	
13b. MOTHER'S MAIDEN NAME <u>Jeanette Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Margaret Hickman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Yes unknown) (If yes, give war or dates of service) <u>Yes W W 2: Korean</u>		16. SOCIAL SECURITY NO. <u>9140 22</u>	
17. INFORMANT <u>Mrs. Virgil Wayne Hickman Hannibal Missouri</u>		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) <u>Accidental electrocution</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>9140 22</u>
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <u>Using 1/4 inch electric hand drill, had a</u>		
20c. TIME OF INJURY Hour Month, Day, Year <u>4:35 p.m. 7 18 58</u>	<u>short circuit with case (less than 1 ohm resistance)</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home, in yard</u>	20f. CITY, TOWN, OR LOCATION <u>Hannibal</u>	COUNTY STATE <u>Marion Mo</u>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>4:35</u> p. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lewis Sweet Jr M.D. Coroner 3</u>		22b. ADDRESS <u>Hannibal, Mo</u>	22c. DATE SIGNED <u>7-18-58</u>
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/22/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>	23d. LOCATION (City, town, or county) (State) <u>Monroe City Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>W. Crawford Smith Hannibal Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>7-22-58</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Luckey by H. C. Fisher</u>

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

MEDICAL CERTIFICATION

RECEIVED

JUL 24 1960

MARION CO. HEALTH DEPT.

DATE FILED JUL 24 1960

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 *H. Crawford Smith*

Licensed Embalmer No. 3814.....

P. O. Address.....Hannibal, Missouri

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.