

FILED AUG 28 1958

Registration District No. 145 Primary Registration District No. 5566 5347 Registrar's No. 139

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kaolin</b>		c. CITY OR TOWN <b>Des Arc</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 <b>Belleview Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>1 mo.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>HENRY</b> Last <b>HICKMAN</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>7</b> Year <b>1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 4 1882</b>
9. AGE (In years from birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>	11. BIRTHPLACE (City and state or country) <b>Des Arc, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Charles Hickman</b>	
13b. MOTHER'S MAIDEN NAME <b>Emma Clifton</b>		14. NAME OF HUSBAND OR WIFE <b>##</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>500-16-7945</b>	
17. INFORMANT <b>Joseph Hickman, St. Louis 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>Myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) _____			<b>?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>hypertrophic arthritis</b>			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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <b>Ironton, Missouri</b>		COUNTY STATE	
21. I attended the deceased from <b>7-3-58</b> to <b>8-7-58</b> and last saw him alive on <b>8-7-58</b> Death occurred at <b>9.00 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. E. Harland, M.D.</b> (Degree, or title)		22b. ADDRESS <b>Ironton, Missouri</b>	
22c. DATE SIGNED <b>8-19-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>8-10-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Des Arc Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Des Arc, Missouri</b>	
24. FUNERAL DIRECTOR <b>White Funeral Home, Ironton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 25 1958</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Elizabeth Logan</b>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 29 1958

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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 *Lyle A. White* .....

Licensed Embalmer No. *4295*  
P. O. Address *Winton, Pa.*

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.