

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033503

STATE FILE NUMBER

FILED SEP 26 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN RR#1, Hannibal 6870	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth, D.O.A.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Carol Ann Hicks			4. DATE OF DEATH Month Day Year 9/10/1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/26/1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Hicks		13b. MOTHER'S MAIDEN NAME Hazel Courtney	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT R Address Mrs. Hazel Hicks, #1, Hannibal, 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) Drowning			INTERVAL BETWEEN ONSET AND DEATH 3 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
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 type="checkbox"/> NO <input checked="" 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.) Passenger in car which had a flat tire just before	
20c. TIME OF INJURY Hour Month, Day, Year 7:25 30 p.m.		bridge approach, ran into creek, submerged	
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, store, street, office bldg., etc.) Bear Creek, Paris	
20f. CITY, TOWN, OR LOCATION Cay Township		COUNTY Ralls STATE Missouri	
21. I attended the deceased from Gravel Road, to and last saw her alive on Death occurred at 7:28 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Henry Hewitt, Jr. M.D. Coroner 3		22b. ADDRESS Hannibal	
22c. DATE SIGNED 9/16/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/13/1958	
23c. NAME OF CEMETERY OR CREMATORY Marble Creek Cemetery		23d. LOCATION (City, town, or county) (State) Ralls County, Mo.	
24. FUNERAL DIRECTOR H.M. O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 9-23-58	
26. REGISTRAR'S SIGNATURE W. E. M. Lucke. By W. C. Fisher			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300  
1-57

RECEIVED SEP 24 1958  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 24 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 *J. M. O'Connell* .....

Licensed Embalmer No. 3889 .....

P. O. Address Hannibal, 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.