Health, & Welfare Public Service

. 300
1-57

0

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035448
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 470

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Columbia — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Boone Co. Hospital — Length of stay in 1b 35 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 0105 208 S. Williams St. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First MARTHA Middle H. Last HICKS

4. DATE OF DEATH Month October Day 19 Year 1958

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐
8. DATE OF BIRTH March 28, 1879
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fraternity House-Mother
10b. KIND OF BUSINESS OR INDUSTRY Fraternity House-Mother
11. BIRTHPLACE (City and state or country) Little Rock, Ark. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Hale
13b. MOTHER'S MAIDEN NAME Payton West
14. NAME OF HUSBAND OR WIFE Marvin R. Hicks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. 495-12-1981A
17. INFORMANT Address Mrs. Harry S. Kline, Salem, Virginia.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Diverticulitis, Colon, Chronic — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 5721
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 ☐ NO 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 16 Oct 58 to 19 Oct 58 and last saw her alive on 19 Oct '58
Death occurred at 6 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R P Jadeusow (Degree or title) MD
22b. ADDRESS Columbia, Mo.
22c. DATE SIGNED 19 Oct 58.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 23, 1958
23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery
23d. LOCATION (City, town, or county) (State) Columbia, Missouri.

24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG. Oct 23 1958
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Douglas P. Garman

Licensed Embalmer No. 5087

P. O. Address Columbia

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.