

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-043058  
 STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 221

300  
 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		c. CITY OR TOWN <b>Lamar</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wyatt Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>713 Gulf</b>	
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>EMALINE</b> Last <b>HICKMAN</b>		4. DATE OF DEATH Month <b>Nov</b> Day <b>29</b> Year <b>1958</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 3 1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Caplinger Mills, Missouri</b>
13a. FATHER'S NAME <b>James Gannaway</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Grines</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas Darby Hickman</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>None</b>	17. INFORMANT Address <b>Mrs. J. A. Ford, Lamar, Missouri</b>
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>Acute Paralytic Illness</b> DUE TO (b) <b>Don't Know</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) <b>None</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 or 4 days</b>
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 _____ Month _____ Day _____ Year _____ a.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 <b>Nevada Vernon Mo.</b>	
21. I attended the deceased from <b>Nov 28/58</b> to <b>Nov 29/58</b> and last saw her alive on <b>Nov 28/58</b> PM. Death occurred at <b>8:55</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. S. Love</b> (Degree or title)		22b. ADDRESS <b>Nevada, Mo</b>	22c. DATE SIGNED <b>12/4/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Dec 1 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sheldon Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sheldon, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Konantz Funeral Home, Lamar, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>12-6-1958</b>	26. REGISTRAR'S SIGNATURE <b>Arnal &amp; Jernig</b>

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 *Carl F. Konantz* .....  
Licensed Embalmer No. 2247

P. O. Address Lamar, 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.