Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043643
STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 096 Primary Registration District No. Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) N. Benton Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6 mi E. of Buffalo Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dallas
c. CITY OR TOWN 0300 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 mi E. of Buffalo Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle DAVID Last HICKS

4. DATE OF DEATH Month 12 Day 11 Year 1958

5. SEX m
6. COLOR OR RACE w
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3-30-1956
9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 8 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and state or country) Dallas Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Albert Hicks
13b. MOTHER'S MAIDEN NAME Alpha Honey
14. NAME OF HUSBAND OR WIFE ✓

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.
17. INFORMANT Albert Hicks Address Buffalo, Mo.

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) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Wilms' Tumor - Rt kidney
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 180X

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 10-8-58, to 12-11-58 and last saw her/him alive on 12-158
Death occurred at 12-11-58 2:20A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O A Griffin (Degree or title) MD
22b. ADDRESS Buffalo Mo
22c. DATE SIGNED 15 Dec 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-13-1958
23c. NAME OF CEMETERY OR CREMATORY Lone Rock cemetery
23d. LOCATION (City, town, or county) (State) Dallas Co, Mo.

24. FUNERAL DIRECTOR L. B. Jones ADDRESS Buffalo, Mo.
25. DATE RECD. BY LOCAL REG. 12/15/58
26. REGISTRAR'S SIGNATURE Mrs Vera Petree

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

58 0

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 nil, Student Embalmer No. ✓ working under my personal supervision.

Student ✓
Signature of Student Embalmer

Signed R. E. Cleatham

Licensed Embalmer No. 3813

P. O. Address Buffalo, 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.