

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047098
STATE FILE NUMBER

FILED JAN 16 1958 Registration District No. 132 Primary Registration District No. Registrar's No. 4

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPICKARD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPICKARD 0400 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) GRAYDON ALDEN HICKMAN First Middle Last		4. DATE OF DEATH DEC 29 1958 Month Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV-5-1904 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) GRUNDY CO. MO 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME LEWIS HICKMAN		14. MOTHER'S MAIDEN NAME ARMANDA CUDNEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 496-42-0011	
		17. INFORMANT Address BARBARA HICKMAN SPICKARD 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) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiac - Vascular - Renal Disease DUE TO (c) 3 years INTERVAL BETWEEN ONSET AND DEATH 30 minutes		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4201			
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 WORK <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	
21. I attended the deceased from Jan 1st 1958 to Dec 29th 1958 and last saw her alive on Dec 27th 1958 Death occurred at 7:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Oliver F. Buckley MD (Degree or title)		22b. ADDRESS Trenton mo 22c. DATE SIGNED Dec 31st 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 31 - 1958	23c. NAME OF CEMETERY OR CREMATORY WILD CEMETERY	23d. LOCATION (City, town, or county) GRUNDY CO. MO. (State)
24. FUNERAL DIRECTOR SCHOOLER FUNERAL HOME SPICKARD MO. ADDRESS		25. DATE RECD. BY LOCAL REG. 1-3-58	
		26. REGISTRAR'S SIGNATURE Gene Fair	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Ross Wise*

Licensed Embalmer No. *37*

P. O. Address *Spink*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.