

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009132  
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 60

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY GRUNDY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON		a. STATE MO		b. COUNTY MERCER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WRIGHT MEMORIAL HOSP.		Length of stay in 1b		c. CITY OR TOWN SPICKARD R3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS WASHINGTON TOWNSHIP				(If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last PHILLIP EDWARD HICKMAN				Month Day Year MAR 27 1959			
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 APRIL-1-1896	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR IF UNDER 24 HRS.	
11. BIRTHPLACE (City and state or country) MERCER CO. MO.				12. CITIZENSHIP OF WHAT COUNTRY? USA			
13. FATHER'S NAME JOHN HICKMAN				14. MOTHER'S MAIDEN NAME LAURA CAMPBELL			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W.W.I. 488-22-5862		17. INFORMANT MARIE HICKMAN		Address 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) Carcinoma of Left Lung 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"/> 163x							
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 [Signature] and last saw her alive on [Signature] and last saw him on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE [Signature]				22b. ADDRESS Trenton Mo		22c. DATE SIGNED May 28 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-29-1959		23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.		23d. LOCATION (City, town, or county) SPICKARD MO	
24. FUNERAL DIRECTOR SCHOOLER FUNERAL HOME				ADDRESS SPICKARD MO		25. DATE RECD. BY LOCAL REG. 3-29-59	
				26. REGISTRAR'S SIGNATURE Irene Fair			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1956  
APR 8

---

---

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..... *Ross Wise* .....

Licensed Embalmer No. *37*

P. O. Address *Spicka*

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.