Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009147
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. Registrar's No. 50

FILED MAR 30 1959

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN: Trenton — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Plain View Rest home — Length of stay in 1b: 3 years.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Grundy
c. CITY OR TOWN: Trenton — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Route 2 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Virgil Middle: Last: Hickman

4. DATE OF DEATH: Month: MAR Day: 22 Year: 1959

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH: July 7, 1884 **9. AGE** (In years on last birthday): 74 — 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): Farming and Barber. **10b. KIND OF BUSINESS OR INDUSTRY**: Agriculture **11. BIRTHPLACE** (City and state or country): Mercer County Mo. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Charles Hickman **13b. MOTHER'S MAIDEN NAME**: Mary Jane Chaplin **14. NAME OF HUSBAND OR WIFE**: Daisey Hickman (dec)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No **16. SOCIAL SECURITY NO.**: NONE **17. INFORMANT**: Virgil Hickman Address: R.C. Mo.

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Suddenly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteria Sclerosis — 2 yrs
DUE TO (c): 4201
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 ☑

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 Oct 7-57 to Mar 22-59 and last saw her/him alive on Feb-15-59
Death occurred at 6:45 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E.A. Duffy MD **22b. ADDRESS**: Trenton Mo **22c. DATE SIGNED**: Mar 23

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 3/24/59 **23c. NAME OF CEMETERY OR CREMATORY**: Maple Grove Cemetery **23d. LOCATION** (City, town, or county) (State): Trenton, Missouri

24. FUNERAL DIRECTOR: Gordon Blackmon **ADDRESS**: Trenton, Mo. **25. DATE RECD. BY LOCAL REG.**: 3-24-59 **26. REGISTRAR'S SIGNATURE**: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 1 1959

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 Claude H Wendell

Licensed Embalmer No. 4586

P. O. Address Weston, 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.