

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019247

STATE FILE NUMBER

25238

FILED JUN 11 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registration No. 5238

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY	
5. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Pinckneyville,</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If not in hospital or institution) <b>St Louis Little Rock Hosp</b>		Length of stay in lb <b>5 days</b>	d. STREET ADDRESS (If outside, give location) <b># 7 East Chester St.,</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Wayne</b> Middle <b>-</b> Last <b>Hicks</b>			4. DATE OF DEATH Month <b>May</b> Day <b>31,</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>Feb. 4, 1915</b>	9. AGE (In years last birthday) <b>44 yrs</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brakeman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>HERRIN, ILL</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>FLOYD THOMAS HICKS</b>	13b. MOTHER'S MAIDEN NAME <b>LORA COUNCIL</b>	14. NAME OF HUSBAND OR WIFE <b>Velma HICKS</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>	16. SOCIAL SECURITY NO. <b>355-03-9491</b>	17. INFORMANT <b>Velma Hicks</b> Address <b>Pinckneyville, Ill</b>
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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>MYOCARDIAL INFARCTION, ACUTE</b> DUE TO (b) <b>CORONARY OCCLUSION</b> DUE TO (c) <b>420.1</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>5 days</b>
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

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 _____
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21. I attended the deceased from **May 27, 1959** to **May 31, 1959** and last saw him alive on **May 31, 1959**.  
Death occurred at **3:25 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>R C Greeman</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>1755 South Grand Blvd.,</b>	22c. DATE SIGNED <b>6-1-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>6-3-59</b>	23b. DATE <b>6-3-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HERRIN CITY Cem</b>	23d. LOCATION (City, town, or county) (State) <b>HERRIN ILL</b>
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24. FUNERAL DIRECTOR <b>Walker Funeral Home</b>	ADDRESS <b>Carbondale, Ill.</b>	25. DATE RECD. BY LOCAL REG. <b>JUN 1 '59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>
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(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.

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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 Not Embalmed, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Joseph J. Kasby

Licensed Embalmer No. 7541

P. O. Address East Lansing

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.