

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024768

FILED VS JUL 27 1959

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 759A

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 18 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1106 East Grand			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eliza Middle Ann Last Hicks				4. DATE OF DEATH Month July Day 14 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 24, 1868	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Palace, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Vincent			13b. MOTHER'S MAIDEN NAME Eliza Musgrave		14. NAME OF HUSBAND OR WIFE J.W. Hicks		
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. NO		17. INFORMANT Address Lester Hicks Richland, 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) Cerebral Thrombosis						INTERVAL BETWEEN ONSET AND DEATH sev. week	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m.		Month, Day, Year _____					
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 1950 to July 14, 1959 and last saw her alive on 7-14-59 Death occurred at 8:30A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. H. Hance			(Degree or title) M.D.		22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 7-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE July 16, 1959	23c. NAME OF CEMETERY OR CREMATORY Bloodland Cemetery		23d. LOCATION (City, town, or county) Pulaski County, Missouri		
24. FUNERAL DIRECTOR ADDRESS Walter P. Hedges Richland, Mo			25. DATE RECD. BY LOCAL REG. 7-20-59		26. REGISTRAR'S SIGNATURE Effie Smelter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Walter P. Hedge

Licensed Embalmer No. 4265

P. O. Address Iberia, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.