

FILED VS AUG 28 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-028456

Registration District No. 41 Primary Registration District No. 3012 STATE FILE NUMBER 98  
Registrar's No. 98

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Excelsior Springs</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sharp Nursing Home</b>		Length of stay in lb. <b>40 years</b>	d. STREET ADDRESS (If outside, give location) <b>116 Saratoga St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED First Middle Last  
**Florence Crum Hicks**

4. DATE OF DEATH Month Day Year  
**Aug. 3, 1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED  NEVER-MARRIED   
WIDOWED  DIVORCED

8. DATE OF BIRTH **Feb. 2, 1872** 9. AGE (In years last birthday) **87**

IF UNDER 1 YEAR: Months **6** Days **1** Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House Wife**

10b. KIND OF BUSINESS OR INDUSTRY **XXXXX**

11. BIRTHPLACE (City and state or country) **Cosby, Tenn.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Crum** 13b. MOTHER'S MAIDEN NAME **Susan Scroggins** 14. NAME OF HUSBAND OR WIFE **Gabriel Hicks**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no.**

16. SOCIAL SECURITY NO. **No.** 17. INFORMANT Address **Mrs. Mattie Allen, 116 Saratoga, Ex. Spg**

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 sclerosis, severe**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Valvular heart disease**  
DUE TO (c) **Arterio sclerosis 4201**

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**Cerebral hemorrhage, multiple, 1958**

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 Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT  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 **6-10-57** to **8-3-59** and last saw her alive on **7-7-59**  
Death occurred at **6:30 p.m.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **George E. Sanders M.D.** 22b. ADDRESS **Excelsior Springs Mo.** 22c. DATE SIGNED **8-4-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Aug. 5, 1959** 23c. NAME OF CEMETERY OR CREMATORY **Crown Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Excelsior Springs, MO.**

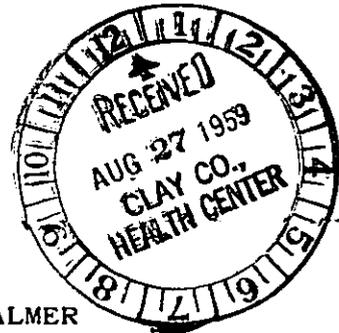
24. FUNERAL DIRECTOR ADDRESS **Vergil Hope, Excelsior Springs, Mo** 25. DATE RECD. BY LOCAL REG. **8-21-59** 26. REGISTRAR'S SIGNATURE **Caroline Hutchings**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

20



**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 *Chas Virgil Hope* .....

Licensed Embalmer No. *3950* .....

P. O. Address *Excellior Springs* .....

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.