

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031759

FILED VS OCT 14 1959 68

Registration District No.

Primary Registration District No. 5266

Registrar's No.

23

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Christian Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b OR TOWN Osark, Mo. Timuley Twp Mth		c. CITY OR TOWN Hartville, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Rest Home		d. STREET ADDRESS (If outside, give location) Hartville, Mo. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Edward C. F. Hickman			4. DATE OF DEATH Month Day Year Sept. 16, 1959		
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5. SEX Male	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 6/8/1864	9. AGE (last birthday) 95	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired	10b. KIND OF BUSINESS OR INDUSTRY Missouri	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Johnathon Hickman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Thula Wagoner, Denver, Colo.
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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) None	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Thula Wagoner, Denver, Colo.
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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) Urosepsis		INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Urinary Cystitis + ascending infection	
	DUE TO (c) Prostatic Hypertrophy	
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 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.)
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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
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21. I attended the deceased from 8/25/59 to 9/15/59 and last saw her/him alive on 9/15/59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Wm. R. M. Corcoran, D.O.	22b. ADDRESS Osark, Mo.	22c. DATE SIGNED 9/18/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept. 16, 59	23c. NAME OF CEMETERY OR CREMATORY Hartville, Cemetery	23d. LOCATION (City, town, or county) (State) Hartville, Missouri
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24. FUNERAL DIRECTOR ADDRESS P. B. Chaffin, Osark, Mo.	25. DATE RECD. BY LOCAL REG. Oct 1-1959	26. REGISTRAR'S SIGNATURE Luella Leonard
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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 T. R. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.