

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040848

FILED VS. DEC. 4 1959

STATE FILE NUMBER

Registration District No. 179 181 Primary Registration District No. 5675 Registrar's No. 44

WIDENED
 (-25-60 in
 7-25-60 in
 7-25-60 in
 William Atlas Hicks
 married
 Neta Hicks
 DOCUMENT
 William Attley Hicks
 widowed
 Neta Palmer
 BY AFFIDAVIT OF funeral director

1. PLACE OF DEATH a. COUNTY <u>RINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LINCOLN</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HURRICANE</u>		Length of stay in 1b <u>1 1/2 yrs</u>		c. CITY OR TOWN <u>ELSBERRY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD - Elsberry, Mo</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>ATLAS</u> Last <u>HICKS</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>23</u> Year <u>1959</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/23/96</u>		9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUS DRIVER - RET.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>LOUISIANA MOTOR COACH</u>		11. BIRTHPLACE (City and state or country) <u>BUTLER COUNTY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>JOHN W. HICKS</u>				13b. MOTHER'S MAIDEN NAME <u>MARY TRIPP</u>				14. NAME OF HUSBAND OR WIFE <u>NETA (PALMER) HICKS</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR ONE</u>				16. SOCIAL SECURITY NO. <u>YES - NUMBER UNKNOWN</u>		17. INFORMANT <u>PALMER</u> Address <u>NETA HICKS - ELSBERRY, MO.</u>							
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Arterio-Sclerosis.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>???</u>			
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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Joseph J. Marsh Sr. Coroner</u>						22b. ADDRESS <u>Troy, Missouri</u>			22c. DATE SIGNED <u>11/24/59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)							
<u>Removal + Burial</u>		<u>Nov. 25, 1959</u>		<u>Grandview</u>		<u>HANNIBAL, MISSOURI</u>							
24. FUNERAL DIRECTOR <u>O. C. Ricks</u>				ADDRESS <u>ELSBERRY, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11/26/1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>					

MS DEC 4 1950

JAN 27 1951

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

G. L. ...

Licensed Embalmer No. 4012

P. O. Address Eldberry

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.