

Dept. Health,
Act., & Welfare
J. S. Public
Health Service

The Registrar

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-010067

STATE FILE NUMBER

LED VS MAR 25 1960

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 158

V. S. 300
Rev. 1-57

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| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Woyne | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Williamsville, Mo. |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital | | Length of stay in 1b 2 | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Estel Sylvester Hicks | | | 4. DATE OF DEATH Month Day Year Feb. 29 1960 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 3 1917 |
| 9. AGE (In years last birthday) 42 | | IF UNDER 1 YEAR Months Days Hours Min. | 10. OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer |
| 10b. KIND OF BUSINESS OR INDUSTRY Punch Press Operator | | 11. BIRTHPLACE (City and state or country) Fisk, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Elmer Hicks | | 13b. MOTHER'S MAIDEN NAME Julia Hinkle | 14. NAME OF HUSBAND OR WIFE Wilma Thomas Hicks |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction acute | | | INTERVAL BETWEEN ONSET AND DEATH 30 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis | | | 5 years |
| DUE TO (c) 4201 | | | |
| 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 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. Month, Day, Year 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 |
| 21. I attended the deceased from Nov 15, 1955 to Feb 29, 1960 and last saw him alive on Feb 29, 1960 Death occurred at 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Robert Engelhardt MD | | 22b. ADDRESS Poplar Bluff, Mo | 22c. DATE SIGNED 3-6-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/2/60 | 23c. NAME OF CEMETERY OR CREMATORY Chapel Hill | 23d. LOCATION (City, town, or county) (State) Williamsville (Rural) Mo |
| 24. FUNERAL DIRECTOR William Corder | | ADDRESS Poplar Bluff, Mo | 25. DATE REGD. BY LOCAL REG. 3/14/60 |
| 26. REGISTRAR'S SIGNATURE R. H. Muehle | | | |

Securing the medical certification in the specific manner required by 193.140 MoRS 1949. All diseases in Part I must be causally related.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS MAR 24 1980

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 Coder Funeral Home, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, NC

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.