MO DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 1 1960

60-010308

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty — Length of stay in 1b: 1 month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IOOF Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Higbee — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS RR 1 (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Lucas Middle C. Last Hicken
4. DATE OF DEATH: Month March Day 19, Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-24-81
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and state or country): Fairberry, Neb.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Peter J. Hicken
13b. MOTHER'S MAIDEN NAME: Dena (unknown)
14. NAME OF HUSBAND OR WIFE: unknown
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.: unknown
17. INFORMANT: Mrs Bragg Brown Address: Liberty, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Cor Pulmonale — Sudden
DUE TO (c) Pulmonary Embolism — Sudden + 2 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease with Mural Thrombi, Rheumatic Heart Disease, nephrosclerosis.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 September '59, to 3/19/60 and last saw her/him alive on 3/14/60.
Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R P Bowles (Degree or title) M.D.
22b. ADDRESS Liberty, Missouri
22c. DATE SIGNED 3/19/60.

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 3-21-60
23c. NAME OF CEMETERY OR CREMATORY: Prairie Home Cemetery
23d. LOCATION (City, town, or county) (State): Prairie Home, Mo.
24. FUNERAL DIRECTOR: Tyler-Pasley Funeral Home ADDRESS Liberty Missouri
25. DATE RECD. BY LOCAL REG.: 3-26-60
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Charles T. Tyler

Signature of Student Embalmer

Licensed Embalmer No. 4534

P. O. Address Liberty

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