

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-039159
STATE FILE NUMBER

FILED VS NOV 7 1960

Registration District No. 261 Primary Registration District No. 3048 Registrar's No. 248

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY NODAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE IOWA b. COUNTY TAYLOR			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARYVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GRAVITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		Length of stay in lb 7 M. 14 DAYS		d. STREET ADDRESS (If outside, give location) NONE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ALLEN Middle ELROY Last HICKS			4. DATE OF DEATH Month OCTOBER Day 26 Year 1960				
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JANUARY 28, 1882		9. AGE (In years last birthday) 78	
IF UNDER 1 YEAR Months 8 Days 28		IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY STOCK-GRAIN	
11. BIRTHPLACE (City and state or country) RURAL TAYLOR COUNTY, IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13a. FATHER'S NAME SEYMOUR HICKS			13b. MOTHER'S MAIDEN NAME ALMA RUSSELL			14. NAME OF HUSBAND OR WIFE MINNIE 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. 482-42-4535		17. INFORMANT Address MRS MINNIE HICKS GRAVITY, IOWA			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i> <i>arteriosclerotic heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>4200</i> DUE TO (c) <i>4200</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
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 Month, Day, Year a.m. p.m. 							
20d. INJURY OCCURRED WHILE AT <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 <i>Jan 1759</i> to <i>10-26-60</i> and last saw him alive on <i>10-26-60</i> Death occurred at <i>1035 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a: SIGNATURE (Degree or title) <i>R. E. Ehrnsake M.D.</i>			22b. ADDRESS <i>Ma... 7th</i>			22c. DATE SIGNED <i>Oct 29, 1960</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE OCTOBER 26, 1960		23c. NAME OF CEMETERY OR CREMATORY WASHINGTON CEMETERY		23d. LOCATION (City, town, or county) (State) GRAVITY, IOWA IOWA	
24. FUNERAL DIRECTOR ADDRESS BOYD G. NOVINGER BEDFORD, IOWA			25. DATE RECD. BY LOCAL REG. 10-29-60		26. REGISTRAR'S SIGNATURE <i>Beas Bolt</i>		

securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 MYSELF, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Boyd G. Novinger

Licensed Embalmer No. 3512 ... (IOWA)

P. O. Address BEDFORD, IOWA

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.