

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006030

AMENDED

FILED VS FEB 27 1961

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DATE AMENDED

CERTIFICATIONS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wasola		c. CITY OR TOWN Wasola	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Laura Hicks		4. DATE OF DEATH Month Day Year Feb. 18, 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2-18-72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (last birthday) 88
11a. FATHER'S NAME Bailey Eddings		11b. MOTHER'S MAIDEN NAME Mary Lee	12. CITIZEN OF WHAT COUNTRY USA
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. NAME OF HUSBAND OR WIFE Thomas Robert Hicks	
15. SOCIAL SECURITY NO. None		16. INFORMANT Charles Fish, Ava, Missouri	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIC COMA		INTERVAL BETWEEN ONSET AND DEATH 2-3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CHRONIC NEPHRITIS		10-15 yrs	
DUE TO (c) CHRONIC GEN. ARTERIO SCLEROSIS		10-15 yrs	
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. ☐ 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 7-16-56 to 2-18-61 and last saw her alive on 2-18-61 Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.C. Gentry M.D.		22b. ADDRESS Ava Mo	
22c. DATE SIGNED 2-19-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-21-61	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) (State) Wasola, Missouri
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. 2-23-61	
		26. REGISTRAR'S SIGNATURE Thane Mahan	

(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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lytle S. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Arva, 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.