

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020386

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 405

DATE AMENDED: 7/11/61, 7/11/61
 ITEM NO.: 14, 16, 11
 SHOULD READ: Helen Darlene Hickey, Heckor, Missouri
 INSTEAD OF: Helen Darlene Hickey, Heckor, Missouri
 BY AFFIDAVIT OF: Brays, Missouri
 FUNERAL DIRECTOR: Rowlen Jurgal, Coli/Franck, MO

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY BOONE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY COLE | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA | | Length of stay in lb 3 DAYS | c. CITY OR TOWN HENLEY |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MISSOURI MEDICAL CENTER | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) |
| 3. NAME OF DECEASED (Type or print) First Middle Last ORLANDO Hickey | | 4. DATE OF DEATH Month Day Year JUNE 26, 1961 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 11-14-03 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 57 |
| 11. BIRTHPLACE (City and state or country) Brays Heckor, MO | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME GRANDVILLE ALEXANDER Hickey | | 13b. MOTHER'S MAIDEN NAME ALTA SHELTON | 14. NAME OF HUSBAND OR WIFE HELEN DARLENE Hickey |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Chart - MEDICAL RECORDS - UMME |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Vomiting and Aspiration | | | 5 MIN |
| DUE TO (b) Cerebral edema | | | 2 DAYS |
| DUE TO (c) Compound comminuted depressed skull fracture - cerebral laceration - subdural hematomas | | | 2 Days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cushings ulcer | | | PART III. If deceased was female was there a pregnancy in last 90 days. N/A <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 checked="" 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.) Tractor overturned | |
| 20c. TIME OF INJURY Hour 6 Month, Day, Year 6-24-61 | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) FARM | | 20f. CITY, TOWN, OR LOCATION Henley MO | COUNTY Cole STATE Mo. |
| 21. I attended the deceased from 6-24-61 to 6-27-61 and last saw him alive on 6-26-61 Death occurred at 0045A on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) James K. Mann, M.D. | | 22b. ADDRESS Univ of Missouri Med Center | 22c. DATE SIGNED 6-27-61 |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal | 23b. DATE JUNE 29, 1961 | 23c. NAME OF CEMETERY OR CREMATORY R. VEIVIEW | |
| 23d. LOCATION (City, town, or county) IRFFEVSON CITY MO. | | 23e. STATE MO. | |
| 24. FUNERAL DIRECTOR Rowlen Jurgal | | 25. DATE RECD. BY LOCAL REG. JUNE 27, 1961 | 26. REGISTRAR'S SIGNATURE Mrs R E Palmer |

VS JUL 5 - 1961

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 John R. Bowler, Student Embalmer No. 614

working under my personal supervision.

Student John R. Bowler
Signature of Student Embalmer

Signed Edward Bowler

Licensed Embalmer No. 2126

P. O. Address California

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.