

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024026

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 477

FILED AUG 7 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>2 months</u>	c. CITY OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>603 E. 4th St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE HENRY HICKEM</u>			4. DATE OF DEATH Month Day Year <u>July 31-1961</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>Weno</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 18-1928</u>	9. AGE (last birthday) <u>32</u>	10. UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during/most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Columbia, Co. Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>James Hickem</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Cross</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Hickem</u>		
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 <u>Maggie Hickem</u> 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) <u>Cardiac Arrest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>70 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>operative resection for Ca of lung, bronch</u>		
DUE TO (c) <u>undifferentiated type</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. p.m. Month, Day, Year		

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 <u>Columbia</u>	COUNTY <u>Boone</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>7-30-61</u> to <u>7-31-61</u> and last saw him alive on <u>7-31-61</u> Death occurred at <u>1:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Doctor or title) <u>Dr. Arthur H. Smith M.D.</u>		22b. ADDRESS <u>1015 Cherry Columbia Mo.</u>	22c. DATE SIGNED <u>8-2-61</u>
23a. BURIAL, CREATION, REMOVAL (Specify)	23b. DATE <u>Aug. 5, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stevens</u>	23d. LOCATION (City, town, or county) (State) <u>Stevens Mo.</u>
24. FUNERAL DIRECTOR <u>Mrs. Stuart Parker, Columbia Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>July 3, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 _____

George R. Vram

Licensed Embalmer No. _____

4425

P. O. Address _____

Columbia

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.