

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026025

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 217
 FILED JUL 18 1961

Primary Registration District No. 4324 Registrar's No. 19-61

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u>		Length of stay in 1b <u>7 hrs</u>	c. CITY OR TOWN <u>ELDON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Humphrey-Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9 mi-S-W-ELDON</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES Edwin-HICKS</u>			4. DATE OF DEATH Month Day Year <u>July 10 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>14 June-1896-65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER-STOCKMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>MILLER-Co-Mo</u>
13a. FATHER'S NAME <u>W-H-B-Hicks</u>		13b. MOTHER'S MAIDEN NAME <u>Zilpha-CONNER</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
14. NAME OF HUSBAND OR WIFE <u>CORA-Alice-Hicks</u>		17. INFORMANT Address <u>CORA-Alice-Hicks-ELDON-Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>		16. SOCIAL SECURITY NO.	
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>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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. <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 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.) <u>NONE</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>NONE</u>	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.) <u>NONE</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NONE</u>
21. I attended the deceased from <u>7-10-61</u> to <u>7-10-61</u> and last saw him alive on <u>7-10-61</u> Death occurred at <u>5:25</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M.E. Humphrey, D.D.</u>		22b. ADDRESS <u>Tuscumbia-Mo</u>	22c. DATE SIGNED <u>12 July-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>13 July-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue-Springs-</u>	23d. LOCATION (City, town, or county) (State) <u>MILLER-Co Mo</u>
24. FUNERAL DIRECTOR <u>Keith M. Kays</u>	ADDRESS <u>ELDON-Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 12, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JUL 27 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith M. Hays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.