MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029046
STATE FILE NUMBER

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 86

FILED AUG 21 1961

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fayette, Mo.
Length of stay in 1b: 6 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: E. Walnut
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Howard
c. CITY OR TOWN: Fayette
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 318 E. Walnut
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOHN Middle: HICKMAN Last:
4. DATE OF DEATH: Month: AUG. Day: 11, Year: 1961
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/13/1870
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Howard Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Hickman
13b. MOTHER'S MAIDEN NAME: Sallie Holliday
14. NAME OF HUSBAND OR WIFE: Sarah Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Anna Anderson Address: 4607 S Indiana Chicago Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease — unk.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
Senility
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 ☐ natural
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 Aug 5, 1961, to Aug 11, 1961 and last saw her/him alive on Aug 8, 1961
Death occurred at 3 A m on the date stated above, and to the best of my knowledge from the causes stated.
22a. SIGNATURE: Wm J. Shaw, Jr (Degree or title) M.D.
22b. ADDRESS: Lee Hospital, Fayette, Mo
22c. DATE SIGNED: 8-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/15/1961
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Fayette, Missouri
24. FUNERAL DIRECTOR: Ralph A. Carr ADDRESS: Fayette, Mo.
25. DATE RECD. BY LOCAL REG.: 8-17-61
26. REGISTRAR'S SIGNATURE: Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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 William E. Tucker

Licensed Embalmer No. 4870

P. O. Address Fayette, 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.