

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8164**

SL-25887 X-FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 169 DAYS	c. CITY OR TOWN ELDORADO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NORTH GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 3 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last DALLAS M. HICKS			4. DATE OF DEATH Month Day Year 9/1/61		
---	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/28/41	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	-------------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ELDORADO, ILLINOIS	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	-----------------------------------	---	--

13a. FATHER'S NAME GOLDEN HICKS	13b. MOTHER'S MAIDEN NAME RUBY HICKS	14. NAME OF HUSBAND OR WIFE - - - - -
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. PEACE TIME	17. INFORMANT RUBY HICKS (MOTHER) SEE #2	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) SEPTICEMIA AND BILATERAL BRONCHO PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

DUE TO (b) POST TRAUMATIC ENCEPHALOPATHY 8214'		INTERVAL BETWEEN ONSET AND DEATH 33
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 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.) Fractured skull causing brain injury suffered
---	---	--

20c. TIME OF INJURY Hour Month, Day, Year prior to 3-16-61	while in active service of United States. Was in a motorcycle accident
---	---

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.) Unknown	20f. CITY, TOWN, OR LOCATION Unknown - Germany	COUNTY Unknown	STATE
--	--	--	--------------------------	-------

21. Attended the deceased from 3/16/61 to 9/1/61 and last saw him alive on 9/1/61 Death occurred at 7:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) Stanley H. Ginesberg M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 9/1/61
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/2/61	23c. NAME OF CEMETERY OR CREMATORY Eldorado, Illinois.	23d. LOCATION (City, town, or county) Eldorado, Illinois.	(State)
---	----------------------------	--	---	---------

24. FUNERAL DIRECTOR Rogers Funeral Home, Eldorado, Illinois.	ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 2 1961	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
---	---------	---	--

DATE AMENDED: 9/29/61
INSTEAD OF: Was in a motorcycle accident in Germany
SHOULD READ: in Germany
BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

g.k. fresh in town
Sept 16 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 Harvey Stahl

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.