

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036367

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 143

STATE FILE NUMBER

AMENDED

FILED OCT 16 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cooper</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Cooper</u>                      |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Boonville</u>  |   | Length of stay in lb<br><u>65 Years.</u>  | c. CITY OR TOWN <u>Boonville</u> Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>514 Fourth St.</u> Residence on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |
| 3. NAME OF DECEASED (Type or print) First <u>Flora</u> Middle <u>D.</u> Last <u>Hickam</u>   |   |   | 4. DATE OF DEATH Month <u>October</u> Day <u>8</u> Year <u>1961</u>   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>May 25, 1876</u>   |
| 9. AGE (last birthday) <u>85</u>   |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Howard County, Mo.</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   | 13a. FATHER'S NAME<br><u>James R. Dodson</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Anna Thurman</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Joe T. Hickam.</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO.<br>-----  | 17. INFORMANT Address<br><u>Joe T. Hickam, Boonville, Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u><br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>11 days - 5 years -</u>  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |   |
| 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  | COUNTY STATE  |
| 21. I attended the deceased from <u>9-28-61</u> to <u>10-8-61</u> and last saw her/him alive on <u>10-8-61</u><br>Death occurred at <u>11:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>B. M. Stuart, M.D.</u>  |   | 22b. ADDRESS<br><u>329 Main - Boonville Mo</u>  | 22c. DATE SIGNED<br><u>10-10-61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Oct. 10, 1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Walnut Grove</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Boonville, Mo.</u>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Goodman &amp; Boller, Boonville, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>10/10/61</u>   | 26. REGISTRAR'S SIGNATURE<br><u>St. Hooper</u>  |

**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 \_\_\_\_\_

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.