

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016053

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 26

FILED MAY 1 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>MILLER</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u> Length of stay in 1b <u>14 days</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>319-W-North</u> Inside limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u></p> <p>c. CITY OR TOWN <u>BARNETT</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>BARNETT</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>MARTHA- ELVIRA- Hicks</u></p> <p>4. DATE OF DEATH Month Day Year <u>April- 27- 1962</u></p> <p>5. SEX <u>FEMALE</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>2 JAN-1893</u> 9. AGE (last Birthday) <u>77</u></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u> 11. BIRTHPLACE (City, and state or country) <u>Morgan-Co-Mo</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u></p> <p>13a. FATHER'S NAME <u>George Bailey</u> 13b. MOTHER'S MAIDEN NAME <u>MARY-Thomas</u> 14. NAME OF HUSBAND OR WIFE <u>Geo-Hicks</u></p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> 16. SOCIAL SECURITY NO. <u>NONE</u> 17. INFORMANT <u>Geo-Hicks - ELDON Mo</u> Address</p>	<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Carcinoma of the head of the Pancreas & metastasis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>1 year</u></p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input 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.) <u>NONE</u></p> <p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>NONE</u></p> <p>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 <u>NONE</u> COUNTY STATE</p>	<p>21. I attended the deceased from <u>April 2, 1962</u> to <u>April 27, 1962</u> last saw her <u>alive on 4/27/62</u> Death occurred at <u>7 P.M. 4/27/62</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p> <p>22a. SIGNATURE (Degree or title) <u>Roll E. Emunell</u> 22b. ADDRESS <u>D.A. ELDON Mo</u> 22c. DATE SIGNED <u>4/28/62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> 23b. DATE <u>29 April-62</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Big-Rock</u> 23d. LOCATION (City, town, or county) (State) <u>MORGAN-Co-Mo</u></p> <p>24. FUNERAL DIRECTOR <u>Keith McKay</u> ADDRESS <u>ELDON-Mo</u> 25. DATE RECD. BY LOCAL REG. <u>April 28, 1962</u> 26. REGISTRAR'S SIGNATURE <u>Olderratta Walt</u></p>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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. Kaye

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.