

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017833

FILED APR 19 1962 375

Registration District No. 6277 Primary Registration District No. 6277 Registrar's No. 12

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1140

21141

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gasconade Township		Length of stay in 1b 76 years		c. CITY OR TOWN Hartville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home W. of Hartville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route one	
3. NAME OF DECEASED (Type or print) First John Middle Stephen Last Hickman			4. DATE OF DEATH Month April Day 10 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-27-1885	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Wright County, Missouri	
13a. FATHER'S NAME Jasper Hickman		13b. MOTHER'S MAIDEN NAME Nancy Stigall		14. NAME OF HUSBAND OR WIFE Martha Ellen Hickman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Martha Hickman Address Hartville, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crucifixion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) gastric Adeno-Carcinoma with Metastases generalized DUE TO (c) Fast operative Colon Resection for obstruction					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fast operative Colon Resection for obstruction			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.)		
20c. TIME OF INJURY Hour 5:30 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 Springfield Mo		COUNTY STATE
21. I attended the deceased from Jan 7, 1962 to April 10, '62 and last saw her/him alive on April 2, 1962 Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE 95. Farrell (Degree or title)			22b. ADDRESS Springfield Mo		22c. DATE SIGNED 7/16/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-13-1962	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		23d. LOCATION (City, town, or county) Wright County, Missouri
24. FUNERAL DIRECTOR Charles Blodson ADDRESS Hartville, Mo.		25. DATE RECD. BY LOCAL REG. 4-17-1962		26. REGISTRAR'S SIGNATURE Boaz J. Jones	

EXPIRES FEB 11 1963

FEB 11 1963

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 Max L. Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.