

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027852

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 259

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
Length of stay in 1b 50 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If outside, give location) 3400 Arapaho	
3. NAME OF DECEASED (Type or print) First Middle Last Harry Fredrick Hickman		4. DATE OF DEATH Month Day Year July 10, 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 May 27, 04 (58)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Brown shoe Co.	11. BIRTHPLACE (City and state or country) Mount Vernon, Ill.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charles P. Hickman	
13b. MOTHER'S MAIDEN NAME Ida May Bradley		14. NAME OF HUSBAND OR WIFE Geneva 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.	
17. INFORMANT Geneva Hickman - Hannibal, Mo.		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) pulmonary failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) pulmonary emphysema DUE TO (c) asthma			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) abdominopelvic resection carcinoma of rectum			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.)	
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 _____, to _____ and last saw her him alive on _____ Death occurred at 3:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. M. [Signature] (Degree or title)		22b. ADDRESS Hannibal, Mo.	
22c. DATE SIGNED 7/12/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 13, 62	23c. NAME OF CEMETERY OR CREMATORY Grand View Cemetery	
23d. LOCATION (City, town, or county) Hannibal, Mo.		(State)	
24. FUNERAL DIRECTOR Clark Funeral Home - Hannibal, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. July 16, 1962	
26. REGISTRAR'S SIGNATURE Dr. E. M. [Signature]			

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
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USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ					

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 *Ralph G. Clark*

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.

Permit received 7/16/62