

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045612

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6149 Registrar's No. 122

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 10 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Stoddard</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Stoddard</b>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>New Lisbon</b>   |   | Length of stay in 1b<br><b>7 yrs</b>  | c. CITY OR TOWN <b>Bloomfield</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Route 2</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Route 2, New Lisbon Twnshp.</b>  |
| 3. NAME OF DECEASED<br>(Type or print) <b>Arlean Hicks</b>   |   |   | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>16</b> , Year <b>1962</b>   |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>cauc.</b>  | 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><b>5/29/1908</b>   |
| 9. AGE (last birthday)<br><b>54</b>  |   | 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><b>housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>marriage</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Moreley, Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S.</b>  |   | 13a. FATHER'S NAME<br><b>James H. Bryant</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Effie Penny</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Arzie Hicks</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>no</b>   |   | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br><b>Arzie Hicks, R #2, Bloomfield, Mo</b>  |
| 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) <b>No medical attendant</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Investigation made by coroner and no evidence of foul play found.</b>                            |   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |
| 20c. TIME OF INJURY<br>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 _____<br>Death occurred at <b>8:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><i>Delmas V. Jenkins</i> (Deceased or title)   |   | 22b. ADDRESS<br><b>Local registrar Dexter, Missouri</b>   | 22c. DATE SIGNED<br><b>11-27-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   | 23b. DATE<br><b>11/17/1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Morley Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Moreley, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Watkins &amp; Sons Dexter, Missouri</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>12/1/62</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Delmas V. Jenkins</i>  |

USE BLACK INK OR TYPEWRITER RIBBON

DEC 12 1962

*Removal Permit  
issued 11/17/62*

**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 *Carl Nutall*

Licensed Embalmer No. 4964

P. O. Address *Reisterstown*

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.