

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028384

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3853

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1	
2 3 2 98 2	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUL 31 1963

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 10 years

c. CITY OR TOWN Kansas City Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 1849 Pennway Residence on Farm Yes No

3. NAME OF DECEASED First Middle Last Elmer John Hicks 4. DATE OF DEATH Month Day Year July 3, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed unk. Divorced 8. DATE OF BIRTH 3-13-03 9. AGE (last birthday) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Saline Co., Missouri 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Lem Hicks 13b. MOTHER'S MAIDEN NAME Mattie Brakley 14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes world war II 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Goodrich Funeral Home, Osceola, Mo.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 7-3-63 to 7-3-63 and last saw her alive on 7-3-63
Death occurred at 2:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Frank Ellis 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 7-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-9-1963 23c. NAME OF CEMETERY OR CREMATORY - 23d. LOCATION (City, town, or county) (State) Osceola Missouri

24. FUNERAL DIRECTOR 1331 Brush Creek Blvd. D.W. Newcomer's Sons, Kansas City, Mo. 25. DATE RECD. BY LOCAL REG. 7-9-63 26. REGISTRAR'S SIGNATURE R. Keith Long

AUG 2 1963

FEB 7 1964

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 Arthur M. Dancy

Licensed Embalmer No. 3566

P. O. Address K. E. M. O.

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.