

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7348

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <i>Wayne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Wayne</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Silva</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Silva</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>1110</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>William</i> c. (Last) <i>Hickman</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 20 - 1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 3-1873</i>
9. AGE (In years last birthday) <i>77</i>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Iron Milling</i>	11. BIRTHPLACE (State or foreign country) <i>Wayne Co. 0</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Lumber</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Wesley Hickman</i>		13b. MOTHER'S MAIDEN NAME <i>Louisa V. Stotley</i>	14. NAME OF HUSBAND OR WIFE <i>Sarah Ann Hickman</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>497-18-1454</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Fester Sutz</i> ADDRESS <i>Piedmont</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sarcoma Liver</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? / YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>1/2 yr</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <i>Aug</i> , 1950, to <i>Jan 30</i> , 1951, that I last saw the deceased alive on <i>1-19</i> , 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Adam F. Wagner, M.D.</i> (Degree or title)		23b. ADDRESS <i>Greenville Mo</i>	23c. DATE SIGNED <i>2-14-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 22-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Linnville Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Coldwater Mo</i>
DATE REC'D BY LOCAL REG. <i>Feb 27 1951</i>	REGISTRAR'S SIGNATURE <i>Mabel Beasley</i> 341	25. FUNERAL DIRECTOR'S SIGNATURE <i>Norman W. Gish</i> ADDRESS <i>Piedmont</i>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1110

RECEIVED

MAR 2 1951

WAYNE CO. HEALTH CENTER

FILE No. 251-12

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harvey E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Redwood, Wis.*

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 this body is not embalmed, fact should be so stated above.