

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5124 State File No. 7368

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 339

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Washington Twsp		c. LENGTH OF STAY (in this place) 25 yrs	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Littler Nursing Home RR #3, Cook Road		f. STREET ADDRESS (If rural, give location) 918 Angelique Street	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) HICKLIN	c. (Last) BLACKFORD
4. DATE OF DEATH (Month) (Day) (Year) MARCH 29, 1955			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 21, 1875
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home maker	11. BIRTHPLACE (City and State or Foreign Country) Sweet Springs, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Hicklin		13b. MOTHER'S MAIDEN NAME Mathilda Patrick	14. NAME OF HUSBAND OR WIFE W. L. Blackford
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. 488-14-9670	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Komoroski, St. Louis, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis E900 20 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right femur on 3/3/55	
19a. DATE OF OPERATION Mar 9, 1955		19b. MAJOR FINDINGS OF OPERATION Open reduction with nailing of hip.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home of friend	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 3, 1955 about 2 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell as she arose from chair	
22. I hereby certify that I attended the deceased from March 17, 1955 , to March 29, 1955 , that I last saw the deceased alive on March 28, 1955 , and that death occurred at 8:30A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. F. Mundy		23b. ADDRESS St. Joseph, Missouri	23c. DATE SIGNED 4-5-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Mar 31, 1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE April 5, 1955	REGISTRAR'S SIGNATURE Ethel M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barry Funeral Home, St. Joseph	

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *Victor J. Barry*.....
Licensed Embalmer No. *12*
P. O. Address *St. Jose*

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.