

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **29072**

FILED SEP 3 1957

Registration District No. **297** Primary Registration District No. **6022** Registrar's No. **96**

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ray</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | c. CITY OR TOWN <b>Cauden</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital (6 weeks)</b> Length of stay in 1b  |  | d. STREET ADDRESS (If outside, give location) <b>1 mile S.W. Cauden</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

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|--|-------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Joe</b> Middle <b>RAY</b> Last <b>Hicks</b>                          |                               |  | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>26</b> Year <b>1957</b> |  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>January 4, 1904</b>                             | 9. AGE (In years last birthday) <b>53</b>                          | IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months <b>7</b> Days <b>22</b> Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Automotive worker</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Manufacturing</b>  |  | 11. BIRTHPLACE (City and state or country) <b>Viola, Tennessee</b> |   |
| 13. FATHER'S NAME <b>Riley Hicks</b>   |                               |  | 14. MOTHER'S MAIDEN NAME <b>Nancy Mosier</b>                           |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |                               | 16. SOCIAL SECURITY NO. <b>490-16-5329</b>   |  | 17. INFORMANT <b>Mrs. Helen Hicks, Cauden, Mo.</b> Address         |   |

|   |  |   |
|---|--|---|
| 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>MALIGNANT Cirrhosis Liver</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)                                 |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)<br>_____ |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____             |   |

|  |  |   |
|--|--|---|
| 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.)<br>_____ | 20f. CITY, TOWN, OR LOCATION<br><b>Cauden</b> COUNTY <b>Ray</b> STATE <b>Missouri</b> |
| 21. I attended the deceased from <b>Aug 19 56</b> to <b>Aug 26 1957</b> and last saw <sup>her</sup> him alive on <b>8-26-57</b><br>Death occurred at <b>9:27 A.</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |
| 22a. SIGNATURE<br><b>J. G. Ray M.D.</b> (Degree or title)  | 22b. ADDRESS<br><b>Richmond</b>  | 22c. DATE SIGNED<br><b>8-27-57</b>  |

|   |  |  |  |
|---|--|--|--|
| 23a. BURIAL, CREATION, REMOVAL (Specify)<br><b>Burial</b>                             | 23b. DATE<br><b>Aug. 28, 1957</b>                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Garden</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Richmond, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Quest L. Lee Funeral Home</b><br><b>Richmond, Missouri</b> | 25. DATE RECD. BY LOCAL REG.<br><b>Aug 28 1957</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mabel Jackson</b>            |  |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

P  
Received Thursday 28

SEP 18 1957

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.....  
Licensed Embalmer No. 40

P. O. Address *Richmond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.