

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9025**

No. 300
10.48

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **5696** Registrar's No. **42**

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

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Jackson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Jackson Twp. 0590	
c. LENGTH OF STAY (in this place) 50yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Mi. N.W. Chillicothe		5 Mi. N.W. Chillicothe	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Lee c. (Last) Hicklin			4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1952
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 20, 1864
9. AGE (In years last birthday) 87		# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Francis J. Hicklin	
13b. MOTHER'S MAIDEN NAME Athaliah Hoy		14. NAME OF HUSBAND OR WIFE Ethel Hicklin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. xx	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Hicklin, Chillicothe, Mo.		ADDRESS Chillicothe, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning ANTECEDENT CAUSES Chronic Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min.)		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 Mar 19 , 19 52 , to Mar 21 , 19 52 , that I last saw the deceased alive on Mar 21 , 19 52 , and that death occurred at 1:58 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Intobelist (Degree or title) D.O.		23b. ADDRESS Chillicothe	
23c. DATE SIGNED 3/22/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	
24d. LOCATION (City, town, or county) (State) Livingston Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Ronald Gordon ADDRESS Chillicothe Mo	
DATE REC'D BY LOCAL REG. 3/22/52		REGISTRAR'S SIGNATURE Frances B. Neill	

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
Student Embalmer

Signed *Ronald Gordon* _____

Licensed Embalmer No. *4191* _____

P. O. Address *Phillips, Mo.* _____

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.