

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34470
 State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE: <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Oak Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNE</u> b. (Middle) <u>HAWKINS</u> c. (Last) <u>HICKCOX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1949</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Nov. 20, 1894</u>		9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst. Postmaster</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gov't. Employee</u>			11. BIRTHPLACE (State or foreign country) <u>Moniteau County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Nathan Cole Hickcox</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Buchanan</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Irma Snogress, California, Mo.</u>		ADDRESS	
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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) <u>Acute intestinal obstruction due to constriction by intestinal diverticulum</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>History of chronic duodenal ulcers.</u></u> DUE TO (c) <u>Splenic Colon, chronic Colitis. Hemorrhoids</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
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19a. DATE OF OPERATION <u>10-25-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Thomson section of small intestine about 3 feet long.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No</u>		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 Oct 24, 1949 to Oct 30, 1949, that I last saw the deceased alive on Oct 30, 1949, and that death occurred at 8:12 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. L. Latham</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>California Mo</u>		23c. DATE SIGNED <u>11-1-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-1-49</u>		REGISTRAR'S SIGNATURE <u>H. R. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME</u> ADDRESS <u>California, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 2 1949
District Health Officer No. 9,
District File Number

NOV 2 1949
NOV 2 1949

NOV 7 1949

JAN 31 1951
JAN 31 1951
JAN 31 1951

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 *W. E. Friedman*

Licensed Embalmer No. 2854

P. O. Address California 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.