

EV. 10-48 FILED MAY 7- 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **13621**

BIRTH NO. _____		REG. DIST. NO. <b>225</b>		PRIMARY REG. DIST. NO. <b>5797</b>		Registrar's No. <b>10</b>	
1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tipton Rural</b>		c. LENGTH OF STAY (In this place) <b>1 1/2</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>1 Mile east Tipton</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>4/27/1952</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alpha</b>		b. (Middle) <b>Leona</b>		c. (Last) <b>Hickman</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>--Widowed--</b>		8. DATE OF BIRTH <b>July, 13, 1875</b>		9. AGE (In years last birthday) <b>76</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Moniteau County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>William A. Jones</b>			13b. MOTHER'S MAIDEN NAME <b>Rose ann Stinson</b>			14. NAME OF HUSBAND OR WIFE <b>Walter W. Hickman dead</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Everett E. Hickman, Tipton, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>				<b>Acute</b>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</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. <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 <b>May</b> , 19 <b>52</b> , to _____, 19____, that I last saw the deceased alive on <b>May 7</b> , 19____, and that death occurred at <b>7:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. Lueders</b>			23b. ADDRESS <b>202 Tipton, Mo</b>			23c. DATE SIGNED <b>4-28-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/29/1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Moreau Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>5 Miles S.E. Tipton, Mo</b>	
DATE REC'D BY LOCAL REG. <b>May 1-1952</b>		REGISTRAR'S SIGNATURE <b>Mrs. Maude Hudson</b>		FUNERAL DIRECTOR'S SIGNATURE <b>James E. Richard</b>		ADDRESS <b>Tipton, Mo</b>	

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WRITE 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 .....  
Student Embalmer

Signed *James E. Richard*

Licensed Embalmer No. *2466*

P. O. Address *Dipton 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.