FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42192

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 458

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY St. Francois Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre, Mo. 2
d. STREET ADDRESS (If rural, give location) 204 Jackson. 1

3. NAME OF DECEASED (Type or Print) a. (First) Elisha b. (Middle) Boucher c. (Last) Hickman

4. DATE OF DEATH (Month) Dec. (Day) 20 (Year) 1949

5. SEX Male

6. COLOR OR RACE White-Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH April 23 - 1874

9. AGE (In years last birthday) 75-7-27 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) Bonne Terre Farming & Cattle Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Dent County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Mr. Harrison Hickman

13b. MOTHER'S MAIDEN NAME Amanda Boucher.

14. NAME OF HUSBAND OR WIFE Laura Chandler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wesley Holdman - 204 Jackson Bonne Terre, 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) Carcinoma Stomach

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infiltrative Ca ages
DUE TO (c) Cerebral Hemorrhage

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* June 1947 - Bedfast since this date

INTERVAL BETWEEN ONSET AND DEATH: 1947

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1949, *to* Dec 20, 1949, *that I last saw the deceased alive on* Dec 19, 1949, *and that death occurred at* 7:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE B. J. Mavity (Degree or title) M.D. **23b. ADDRESS** Bonne Terre - Mo. **23c. DATE SIGNED** 12/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Dec. 22 - 1949 **24c. NAME OF CEMETERY OR CREMATORY** Bonne Terre Cemetery **24d. LOCATION** (City, town, or county) Bonne Terre (State) Mo.

DATE REC'D BY LOCAL REG. Dec. 23, 1949 **REGISTRAR'S SIGNATURE** Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alvin W. Hood - 303 Cramer St. Park Ring, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

12-27-49

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File Number 1249-1

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 Alonzo W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Cross St. Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.