

Registration District No. **218**

Primary Registration District No. **3015**

Registrar's No. **28**

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

1. PLACE OF DEATH:
 (a) County Cooper
 (b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 3 Years.

3. (a) PRINT FULL NAME Shelby Henry Hickam.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Laura Jane Hickam. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 28th 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Boonville, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business _____

MOTHER { 12. Name Joseph Hickam.
 18. Birthplace Virginia.
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Susan Teeter
 15. Birthplace Boone County, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Hickam
 (b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof March 30th/4
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickam Cem. Near Lufus.

18. (a) Signature of funeral director Goodman & Dallas
 (b) Address Boonville, Mo.

19. (a) 3-3-44 (b) _____
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cooper 97
 (c) City or town Boonville
(If outside city or town limits, write "RURAL")
 (d) Street No. 513 4th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st.
 year 1941 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from July 28
1938. 19____ to March 1 1941;
 that I last saw him alive on Feb. 26 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration
 Duration Years.

Due to Smoking
 Due to _____

Other conditions Smile Decent
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W.H. Ziegler (M. D. or other) G.M.D.
 Address Boonville, Mo Date signed 3-3-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-7-41

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed G. F. Keller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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, above space should be left blank.