FOR 1. STATE REGISTRAR 57429

REGISTRAR'S NUMBER 352

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

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STATE FILE NUMBER 123-

DECEASED

If death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items.

1. DECEASED — NAME: First BUHEL Middle FORRESTER Last HICKS

2 SEX: male

3. DATE OF DEATH (Month, Day, Year): JULY 2, 1978

4. RACE (Specify White, Black, American Indian, etc.): White

5a. AGE AT LAST BIRTHDAY: 57 Years

5b MOS. / 5c DAYS (ONLY IF UNDER 1 YEAR) / 5d HOURS / 5e. MINS. (ONLY IF UNDER 1 DAY)

6 DATE OF BIRTH (Month, Day, Year): May 4, 1921

7a COUNTY OF DEATH: JACKSON

7b. CITY OR TOWN OF DEATH: PASCAGOULA

7c. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street address, route number, or other location): SINGING RIVER HOSPITAL

7d IF IN HOSP OR INST, SPECIFY INPT., OUTPT., EMER. RM., OR DOA: inpt.

8. STATE OF BIRTH: Texas

9. CITIZEN OF WHAT COUNTRY: USA

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

11. SURVIVING SPOUSE (If wife, give maiden name): Lois Dickson

12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No): yes

13. ORIGIN OR DESCENT (Specify German, Cuban, Afro-American, Mexican, etc.): American

14. SOCIAL SECURITY NUMBER: 103-14-5591

15a. USUAL OCCUPATION (Kind of work done most of working life): Retired

15b KIND OF BUSINESS OR INDUSTRY: U.S. Navy

For RESIDENCE items, enter actual location of home rather than mailing address.

16a. RESIDENCE — STATE: Miss.

16b. COUNTY: Jackson

16c CITY OR TOWN: Moss Point

16d. INSIDE CITY LIMITS (Specify Yes or No): yes

16e. STREET AND NUMBER OR RURAL LOCATION: 4418 McInnis Ave.

PARENTS

17. FATHER — NAME: First Harry Middle Last Hicks

18 MOTHER — NAME: First Unknown Middle Maiden

INFORMANT

19a. INFORMANT — NAME (Type or print): Mrs. Buhel F. Hicks

19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 4418 McInnis Ave. Moss Point, Miss. 39563

DISPOSITION

20a BURIAL, CREMATION, REMOVAL (Specify): Burial

20b CEMETERY, CREMATORY — NAME: Griffin

20c. LOCATION (City and State): Moss Point, Ms.

21a EMBALMER — SIGNATURE AND NUMBER: Scott W. Holder 662

21b. FUNERAL HOME — NAME: HOLDER WELLS FUNERAL HOME

21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 1757 MAIN STREET, MOSS POINT, MS 39563

CERTIFIER

22a. CERTIFIER — NAME (Type or print): SAMUEL SIMMONS, M. D.

22b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code): 4211 HOSPITAL ROAD, PASCAGOULA, MS 39567

Mississippi State Board of Health Form No. 511 Revised 1-1-78

This section to be completed by physician if NOT a coroner or medical examiner

22a. To the best of my knowledge death occurred at the time, date, and place and due to the causes stated. SIGNATURE, TITLE

23b. DATE SIGNED (Month, Day, Year): July 19, 1978

23c. HOUR OF DEATH: 12 noon m.

23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

This section to be completed by coroner or medical examiner ONLY

24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the causes stated. SIGNATURE, TITLE

24b. DATE SIGNED (Month, Day, Year)

24c HOUR OF DEATH m.

24d. PRONOUNCED DEAD (Month, Day, Year) ON

24e PRONOUNCED DEAD (Hour) AT m.

CAUSE OF DEATH

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last

25. PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (Enter one cause only)

(a) Cardiogenic shock — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):

(b) Massive Myocardial Infarction — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):

(c) Arteriosclerotic Heart Disease, Severe — Interval between onset and death

26. PART II: OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I(a)

27. AUTOPSY (Yes or No)

28 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes or No)

Use if death NOT due to natural causes

29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)

29b DATE OF INJURY (Month, Day, Year)

29c. HOUR OF INJURY m.

29d DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED

29e. INJURY AT WORK (Yes or No)

29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)

29g LOCATION Street or route number City or town State

REGISTRAR

30a. REGISTRAR SIGNATURE: Ethel Garrett

30b DATE CERTIFICATE RECEIVED (Month, Day, Year): July 22, 1978

CERTIFIED COPY OF RECORD OF DEATH

I, Alton B. Cobb, M.D., State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the death record of the person named therein, the original being on file in this office

Given at Jackson, Mississippi, over my signature and under the official seal of my office, this the 26th day of July, 1978

Return to
Mrs Buhel F Hicks
4418 McInnis Ave
Moss Point, Miss 39563

Alton B Cobb

Alton B. Cobb, M.D., State Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 27th day of October A.D., 1978 at 9:54 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 24194.

FEE $3.00

WM. D. MILNE, County Clerk

By Demetha Held Deputy