

FILED JUL 22 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23544
2921

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE 1484	
c. LENGTH OF STAY (In this place) 40 YEARS		d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		e. STREET ADDRESS (If rural, give location) 1822 EVANSTON AVENUE	

3. NAME OF DECEASED (Type or Print) EUNICE MARGARET HICKMAN			4. DATE OF DEATH JUNE-29-1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JAN-13-1900		9. AGE (In years last birthday) 50 YRS		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) BOWEN, ILLINOIS	

13a. FATHER'S NAME CHARLES GREGGS		13b. MOTHER'S MAIDEN NAME MARGARET JANE UNKNOWN		14. NAME OF HUSBAND OR WIFE ROY D. HICKMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ROY D. HICKMAN	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion			INTERVAL BETWEEN ONSET AND DEATH 2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) peritoneal carcinomatosis			7 months
		DUE TO (c) residual panhysterectomy for carcinoma of ovary			Oct. 30, 1947
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			175X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 **Jan 4, 1950**, to **June 29, 1950**, that I last saw the deceased alive on **June 29, 1950**, and that death occurred at **9:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. E. Castle		23b. ADDRESS 1002 Argyle Building,		23c. DATE SIGNED June 30, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 3, 1950		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		24e. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer		24f. ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO	
DATE REC'D BY LOCAL REG. 7-3-50		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *D. J. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas City, 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.