

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 2-2 1/2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 2730 Holly

3. NAME OF DECEASED
a. (First) Ronald b. (Middle) Stephen c. (Last) Hicks
4. DATE OF DEATH (Month) (Day) (Year) 8 31 50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 2-16-1948 9. AGE (In years last birthday) 2 IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 24 HRS. _____ MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Eugene R. Hicks 13b. MOTHER'S MAIDEN NAME Grace Woods 14. NAME OF HUSBAND OR WIFE Single

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. No 17. INFORMANT'S SIGNATURE OR NAME K. Katee Hicks ADDRESS 2734 Holly

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Generalized peritonitis
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured appendix
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 5501

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug. 29, 1950, to Aug. 31, 1950, that I last saw the deceased alive on Aug. 31, 1950, and that death occurred at 12:31 Am., from the causes and on the date stated above.

23a. SIGNATURE B. J. Burns (Degree or title) _____ 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 8-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 9-2-1950 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City Kansas

DATE REC'D BY LOCAL REG. 9-1-50 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Katie Daniels Parish ADDRESS 1526 Minn. Ave. Kansas City, Mo.

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 *Harold L. Eckerman*

Licensed Embalmer No. 3035

P. O. Address *H. C. Evans*

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.