.S. No. 500
rv. 10-48

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33746

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4225

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ansas City Mo.
c. LENGTH OF STAY (in this place) 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) teopathic Hosp. 11th & Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buckner 0480
d. STREET ADDRESS (If rural, give location) (in town)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Franklin
c. (Last) Tichenor

4. DATE OF DEATH (Month) (Day) (Year) Oct. 4. 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower
8. DATE OF BIRTH July 12 1884
9. AGE (In years last birthday) 66 — If under 1 year: Months ~~12~~ Days ~~22~~ — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic in auto garage work
10b. KIND OF BUSINESS OR INDUSTRY Place of Office
11. BIRTHPLACE (State or foreign country) Calhoun Ky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Franklin Tichenor
13b. MOTHER'S MAIDEN NAME Alice England
14. NAME OF HUSBAND OR WIFE Mettie wife deceased 1948

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 490-160-9408
17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Shutt — **ADDRESS** Buckner, 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) Massive Subdural Hematoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Head injury
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (County Coroner case)

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Blue Mills Town
21c. (CITY, TOWN, OR TOWNSHIP) — **(COUNTY)** Jackson **(STATE)** Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-30-50 11:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Blow on head

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Geo. C. Kealhofer **(Degree or title)** Geo C Kealhofer Act. Deputy Coroner
23b. ADDRESS 1030 Broadway K C Mo
23c. DATE SIGNED 10-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Oct. 6. 1950
24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cem.
24d. LOCATION (City, town, or county) Buckner **(State)** Missouri

DATE REC'D BY LOCAL REG. 10-6-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Vernon M. Kepper **ADDRESS** Buckner Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

18

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. Mo

Signed.....
Student Embalmer

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.