

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5116****805**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>65 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		<b>3188</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4017 St John Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>4017 St John Avenue</b>			
3. NAME OF DECEASED a. (First) <b>William</b>			b. (Middle) <b>Horace</b>		c. (Last) <b>Lichty</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 19 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb 28 1860</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <b>Bell Telephone Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Somerset Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Levi Lichty</b>			13b. MOTHER'S MAIDEN NAME <b>Ann</b>		14. NAME OF HUSBAND OR WIFE <b>Cordelia Lichty</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>M.P. Paterbaugh K.C. Mo.</b>			
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) <b>Acute Cardiac Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Left cerebral hemorrhage 5 days</b>					
		DUE TO (c) <b>Generalized Arteriosclerosis</b>					<b>years</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sclerosis</b>					<b>331X</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>4-6-1950</b> , to <b>2-19-1952</b> , that I last saw the deceased alive on <b>2-19-1952</b> , and that death occurred at <b>10:15 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Thos. C. McHale</b> (Degree or title)				23b. ADDRESS <b>4620 Indep Ave KCMo</b>		23c. DATE SIGNED <b>2-20-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Feb 22-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>mt moriah</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
DATE RECD BY LOCAL REG. <b>2-20-52</b>		REGISTRAR'S SIGNATURE <b>Stearldine Holme</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>DUNewcomer's Sons 1331 Brush Creek Kansas City MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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Missouri  
State  
Embalmer  
Board

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address: K.C. 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.