

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31665

3870

FILED SEP 20 1952

BIRTH NO.

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3927 Agnes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		3618	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luella</u> b. (Middle) <u>H.</u> c. (Last) <u>Hicks</u>		DATE OF DEATH (Month) (Day) (Year) <u>Aug 29 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>1869-Aug 11</u>
9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR Months <u>0</u>	# UNDER 1 YEAR Days <u>0</u>	# UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Margennes</u>	13b. MOTHER'S MAIDEN NAME <u>K. Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Orrin Hicks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. U. N. Cuersale</u> ADDRESS <u>Boston Mass.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis, lf. lower lobe</u>			153X
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. None (b) <u>Hypostatic pneumonia, rt. & lf. lower lobes</u>			
None (c) <u>Carcinoma of the colon with obstruction.</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) m.	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 _____ to _____, and that death occurred at _____, m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Roy F. Drake</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>2414 Telephone Rd</u>	23c. DATE SIGNED <u>8-29-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-29-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Kansas</u>
DATE REC'D BY LOCAL REG. <u>9-2-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. Russ Blayford</u> ADDRESS <u>K.C. Kansas</u>	
(Licensed Embalmer's State of Missouri - 2414 Telephone Rd - Cheyette)			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

D. Ross Blanford

Licensed Embalmer No. *4015*

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.