

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31869

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4216

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT | |
| b. CITY OR TOWN KANSAS CITY | | c. CITY OR TOWN ORAN | |
| c. LENGTH OF STAY (in this place) 1 day | | d. STREET ADDRESS (If rural, give location) 1 X | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital | | | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) GUS b. (Middle) SLICKMAN c. (Last) SLICKMAN | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 25 1952 | | |
|---|--|--|--|--|--|

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|-------------|--|------------------------|--|--|--|--------------------|--|----------------------|--|---|--|--|--|-------------------------------------|--|
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH - | | 9. AGE (In years) 68 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWN BUSINESS | | 11. BIRTHPLACE (State or foreign country) Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|-------------|--|------------------------|--|--|--|--------------------|--|----------------------|--|---|--|--|--|-------------------------------------|--|

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|----------------------------|--|--|-----------------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME UNKNOWN | | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | | 14. NAME OF HUSBAND OR WIFE LARRY SLICKMAN | | |
|----------------------------|--|--|-----------------------------------|--|--|--|--|--|

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|--|--|---------------------------|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Dr. Robert Slickman, Appleton City, Mo. | | | |
|--|--|---------------------------|--|---|--|--|--|

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| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis with Paralytic Ileus Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforate duodenal ulcer DUE TO (c) Multiple sites of healed myocardial infarction Massive aneurysm abdominal aorta | | | | | | INTERVIEW BETWEEN ONSET AND DEATH 3 days | |
| 19a. DATE OF OPERATION home | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |

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|-------------------------------|--|--|--|--------------------------------------|--|----------------|--|---------------|--|
| 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) _____ | |
|-------------------------------|--|--|--|--------------------------------------|--|----------------|--|---------------|--|

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|---|--|--|--|----------------------------------|--|--|--|--|--|
| 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 _____, 19____, that I last saw the deceased alive on 9/25 1952, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

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|--|--|--|--|--------------------------|--|
| 23a. SIGNATURE W.R. Mc Phee (Degree or title) M.D. | | 23b. ADDRESS Research Hosp. 2300 Holmes K.C. Mo. | | 23c. DATE SIGNED 9/25/52 | |
|--|--|--|--|--------------------------|--|

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|---|--|------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial | | 24b. DATE Sept 27 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Guardian Angel Cem. Oran Missouri | | 24d. LOCATION (City, town, or county) _____ (State) _____ | |
|---|--|------------------------|--|--|--|---|--|

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|----------------------------------|--|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 9-26-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D.W. Newcomer, Kansas City, Mo. | | | |
|----------------------------------|--|--|--|--|--|--|--|

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

DEC 23 1958

JAN 2 1959

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 John B Lewis.....

Licensed Embalmer No. 4825.....

P. O. Address KC 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.