

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17071**

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 574

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan 0117</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | |
| c. LENGTH OF STAY (in this place) <u>34 years</u> | | d. STREET ADDRESS (If rural, give location) <u>821 N. 11th St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>821 N. 11th St.</u> | | | |

| | | | | | |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) _____ c. (Last) <u>Bickett</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1953</u> | | |
|--|--|--|---|--|--|

| | | | | | | |
|-------------------------|----------------------------------|--|---|--|--|--|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>November 3, 1874</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|-------------------------|----------------------------------|--|---|--|--|--|

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 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>own home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Conception, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
|---|--|--|--|---|--|--|--|

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>John unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Bowers</u> | | 14. NAME OF HUSBAND OR WIFE <u>George F.</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>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Floyd Evans, 821 N. 11th St., Joseph, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undifferentiated Malignant neoplasm carcinoma type, generalized</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Prox 5 May 1953</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 <u>1998</u> | | | | 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) (Min.) | | | 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 Nov 18, 1952 to May 13, 1953, that I last saw the deceased alive on May 13, 1953 and that death occurred at 5:45 a. m., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|------------------------------------|--|
| 23a. SIGNATURE <u>Harry Redmond, M.D.</u> | | 23b. ADDRESS <u>St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>5/13/53</u> | |
|--|--|--|--|------------------------------------|--|

| | | | | | | | |
|--|--|-------------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>5/15/1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> | |
|--|--|-------------------------------|--|--|--|--|--|

| | | | | | |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>May 20, 1953</u> | | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Bowman Funeral Home</u> | |
|---|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

W. J. Goyal, M.D.

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 W E Edmiston

Licensed Embalmer No. H 791

P. O. Address 319 So 10 St. Joseph

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.