

FILED JAN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43288

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 499	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 4 wks		c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. SAN. & Hospital				e. STREET ADDRESS (If rural, give location) 120 E. Linden 7000			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) G		c. (Last) HICKMAN		4. DATE OF DEATH (Month) (Day) (Year) Dec 30 1953	
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4 Sept. 1877	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 2 HRS Hours		IF UNDER 2 HRS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Clinton Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James B. Gantt		13b. MOTHER'S MAIDEN NAME Mary Warth		14. NAME OF HUSBAND OR WIFE Edwin A. Hickman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Edwin G Hickman		ADDRESS U.S. Army	
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) Carcinoma of the Cecum and Junction of Cecum with Metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X				INTERVAL BETWEEN ONSET AND DEATH 6-15-53	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum encasing Colon				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) 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 6-15, 1953 to Dec. 30, 1953, that I last saw the deceased alive on Dec 30, 1953, and that death occurred at 9:30 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. H. Allen M.D.				23b. ADDRESS Independence Mo.		23c. DATE SIGNED 1-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-2-54		24c. NAME OF CEMETERY OR CREMATORY Arlington National Cem		24d. LOCATION (City, town, or county) (State) Arlington Virginia	
DATE REC'D BY LOCAL REG. 1-2-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Ott + Mitchell		ADDRESS 120 E. Linden Indep. Mo.	

354-0 (Licensed Embalmer's Statement on Reverse Side) (W)

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

MAR 26 1954

FEB 21 1954

FEB 17 1955

APR 15 1955

JAN 12 1954

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.....
Signature of Student Embalmer

Signed *Jason T. White*.....

Licensed Embalmer No. *4925*.....

P. O. Address *Independence*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.