

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15262

No. 300
10. 48

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1990

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY NORTH	c. LENGTH OF STAY (in this place) 36 YEARS	c. CITY OR TOWN KANSAS CITY NORTH	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4319 KELSEY ROAD (HOME)		e. STREET ADDRESS (If rural, give location) 100 4319 KELSEY ROAD	

3. NAME OF DECEASED (Type or Print) PAUL ARTHUR McMICKLE	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 5-1-54
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 4-1900	9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FIREMAN	10b. KIND OF BUSINESS OR INDUSTRY K.C. Fire Dept.	11. BIRTH PLACE (City and State or Foreign Country) TEXARKANA ARK	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME ABB McMICKLE	13b. MOTHER'S MAIDEN NAME LAURA TORRENCE	14. NAME OF HUSBAND OR WIFE MRS. LORENE McMICKLE
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. 493-22-9509	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. P.A. McMickle 4319 Kelsey Rd K.C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH E 9:10 110
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxiation by accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) found in chair at the home DUE TO (c) body burned beyond recognition		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. TYPE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City No. Clay Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 1 1954 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? accidental fire

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Dr. O. S. Pate Coronar. by Virginia Thomas Dep. Sheriff % Sheriff's Office Clay County	22b. ADDRESS	22c. DATE SIGNED 5-3-1954
22d. BURIAL, CREMATION, REMOVAL (Specify) Buried	22b. DATE May 4 1954	22c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem
22d. LOCATION (City, town, or county) (State) Kansas City, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son Inc K.C., Mo.	
DATE REC'D BY LOCAL REG. 5-3-54	REGISTRAR'S SIGNATURE Sheraldine Smith	

(Licensed Embalmer's Statement on Reverse Side)

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

Case by Dr. Pate

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 *W.C. Rinne*.....

Licensed Embalmer No...*481*.....

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