

No. 300
No. 26

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39973

State File No.

BIRTH NO. REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5128

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>Kansas City, North</u>	c. LENGTH OF STAY (in this place) <u>10 years</u>	c. CITY OR TOWN <u>Kansas City</u>	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 <u>4432 N. Waldron</u>		STREET ADDRESS (If rural, give location) <u>1107 4432 N. Waldron</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olney</u> b. (Middle) <u>B.</u> c. (Last) <u>TICKNOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1955</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 9 - 1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packing & Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jacksonville, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
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13a. FATHER'S NAME <u>William H. Ticknor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Sawyer</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Ticknor</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clair O. Ticknor</u>		ADDRESS <u>munshofa min</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized Atherosclerosis</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>4201</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?		
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22. I hereby certify that I attended the deceased from Aug, 1950, to Nov 23, 1955, that I last saw the deceased alive on Nov 23, 1955, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (In full or title) <u>James E. Mc Cormick, MD</u>		23b. ADDRESS <u>2025 Swift N. KC Mo</u>		23c. DATE SIGNED <u>11/25/55</u>	
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24a. BURIAL, CREMATION, CREMATION (Specify)	24b. DATE <u>11-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo</u>	
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DATE REC'D BY LOCAL REG. <u>11-25-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>N.A.C. Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
James E. Mc Cormick

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... *John M. Kalsbeck*

Licensed Embalmer No. *4944*

P. O. Address *To. Kansas*

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.