

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40629

State File No. _____

5370

FILED DEC 30 1955

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>68 YEARS</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>WARWICK NURSING HOME</u>			
e. STREET ADDRESS (If rural, give location) <u>1922 EAST 81ST TERRACE</u>			

3. NAME OF DECEASED (Type or Print) <u>Grace</u>	a. (First)	b. (Middle) <u>Aurelia</u>	c. (Last) <u>Hickey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER-10-1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY-26-1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHIEF OPERATOR'S ASS'T. SOUTHWESTERN BELL TEL.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRAFFIC DIVISION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN HICKEY</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WHALEN</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs MAUDE NEWMAN</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>486-03 8211</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs MAUDE NEWMAN</u>	ADDRESS <u>1922 E. 81ST TERR. KANSAS CITY MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 WEEKS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CEREBRAL ARTERIOSIS</u>		<u>4200</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 MAY, 1955, to DEC 9, 1955, that I last saw the deceased alive on DEC 9, 1955, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R W Butcher</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1805 EAST 80, KANSAS CITY</u>	23c. DATE SIGNED <u>DEC 10, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-12-1955</u>	24c. NAME OF CEMETERY OR-CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-10-55</u>	REGISTRAR'S SIGNATURE <u>Neval Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>	ADDRESS <u>1931 BUSH CREEK KANSAS CITY, MO.</u>
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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.....
Signature of Student Embalmer

Signed *John B Lewis*.....
Licensed Embalmer No. *987*.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.