

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5200**
571

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Kansas</u> b. COUNTY <u>Leavenworth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tonganoxie</u>		d. STREET ADDRESS (If rural, give location) <u>515 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>				3. NAME OF DECEASED a. (First) <u>JOHN WILLIAM</u> b. (Middle) <u>WICKEY</u> c. (Last) <u>WICKEY</u>			
4. DATE OF DEATH <u>Feb 6, 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept 2, 1871</u>		9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Leavenworth, Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Leavenworth, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Wickey</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Plotentec</u>		14. NAME OF HUSBAND OR WIFE <u>Hannarah Wickey</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 <u>Harold Wickey</u> ADDRESS <u>5601 Hall Mission 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Nephrosclerosis & anemia</u> DUE TO (c) <u>Renal arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X</u>			
19a. DATE OF OPERATION <u>1-20-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above - prostatic hypertrophy</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) 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 <u>1954</u> , to <u>2-6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>56</u> , and that death occurred at <u>8:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1102 Grand, K.C. Mo</u>		23c. DATE SIGNED <u>2-6-56</u>	
24a. BURIAL (CREMATION REMOVAL) (Specify)		24b. DATE <u>Feb 9, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Angel Cem</u>		24d. LOCATION (City, town, & county) (State) <u>Topeka, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>2-7-56</u>		REGISTRAR'S SIGNATURE <u>Wava Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hervey Greenberg</u> ADDRESS <u>Tonganoxie, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 1959

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed: *C. Harvey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address: *Longwood, Fla.*

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.