

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15622

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 537

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 30 yrs.		c. CITY OR TOWN St. Joseph		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 Parkview Nursing Home 3225 South 11th St.				e. STREET ADDRESS (If rural, give location) 404 Mass. Ave.				
3. NAME OF DECEASED (Type or Print) Ella			a. (First)		b. (Middle)		c. (Last) Hickey	
4. DATE OF DEATH		(Month) May		(Day) 12		(Year) 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Oct. 14, 1872		
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (City and State or Foreign Country) Chillicothe Mo		
12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13a. FATHER'S NAME Michael Hickey			13b. MOTHER'S MAIDEN NAME Honora Considine			14. NAME OF HUSBAND OR WIFE None		
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 Mrs. Wm. Gorman			
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) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis DUE TO (c) Arteriosclerotic gangrene II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH over 1 year over 1 yr. 30 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		4200		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 12/6/54, 19__, to 5/12/56, 19__, that I last saw the deceased alive on 5/11/56, 19__, and that death occurred at 2 AM., from the causes and on the date stated above.								
23a. SIGNATURE (Type or Print) <i>William Gorman</i>				23b. ADDRESS St. Joseph, Mo. 218 North Seventh St.		23c. DATE SIGNED 5/14/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/14/56		24c. NAME OF CEMETERY OR CREMATORY Chillicothe Catholic Cemetery, Chillicothe Mo.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG May 17, 1956		REGISTRAR'S SIGNATURE <i>Edward M. Allison</i>		FUNERAL DIRECTOR'S SIGNATURE <i>William Gorman</i>		ADDRESS St. Joseph, Mo		

(Licensed Embalmer) Statement on Reverse Side

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 *Alvin C. Bagan*

Licensed Embalmer No. *479*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.