

THE DIVISION OF HEALTH OF THE STATE OF KANSAS  
 STANDARD CERTIFICATE OF DEATH

23761

State File No. \_\_\_\_\_

FILED JUL 18 1956

2765

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>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>1 HR.</u>		c. CITY OR TOWN <u>Shawnee</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys</u>				e. STREET ADDRESS (If rural, give location) <u>10925 West 55th St</u>				<u>915<sup>0</sup> 8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) <u>Roy</u>			c. (Last) <u>Hickook</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 21 - 1956</u>			5. SEX <u>male</u>			6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		
8. DATE OF BIRTH <u>2-26-1894</u>			9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR Months   Days <u>3   26</u>		IF UNDER 4 HRS. Hours   Min. _____   _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wa tchmaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Jeweler</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Frank E. Hickook</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Barben</u>			14. NAME OF HUSBAND OR WIFE <u>Gertrude Hickook</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>487-01-7448</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Hickook (wife)</u>			ADDRESS <u>Shawnee, Ka.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction, Acute</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency</u>						<u>1 yr.</u>		
		DUE TO (c) <u>Arteriosclerosis</u>						<u>5 yrs.</u>		
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4:20</u>		
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)						
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 <u>6-18</u> , 19 <u>56</u> , to <u>6-21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>56</u> and that death occurred at <u>5:30 p. m.</u> , from the causes and on the date stated above.										
22a. SIGNATURE <u>Paul B. Burger</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>5949 Nieman Rd - Shawnee, Mo</u>		23c. DATE SIGNED <u>6-22-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-23-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>				
DATE REC'D BY LOCAL REG. <u>6-25-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Warnick, Edna</u>				ADDRESS <u>Kansas City Kansas</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *M. M. Swisher*

Licensed Embalmer No. *350*

P. O. Address *W. K. Kous*

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.