

FILED AUG 13 1956

STANDARD CERTIFICATE OF DEATH

24649
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 4416 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARROLL TWP.		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT PLATTE CITY		d. STREET ADDRESS (If outside, give location) 920 Waverly	
3. NAME OF DECEASED (Type or print) First DON Middle W. Last BICKNELL		4. DATE OF DEATH Month July Day 30 Year 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 9, 1909
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		9b. AGE (In years last birthday) 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY GENERAL MOTORS	
11. BIRTHPLACE (City and state or country) TABLE ROCK, NEB.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME SCHUYLER P. BICKNELL		14. MOTHER'S MAIDEN NAME GERAULDE SMITH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 522-10-1697	
17. INFORMANT BEDERLEY BICKNELL		Address 920 Waverly	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) AUTO ACCIDENT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY		20f. CITY, TOWN, OR LOCATION CARROLL TWP. PLATTE MO.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 5:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Coland M. Giffey, Coroner		22b. ADDRESS Platte City, Mo.	
22c. DATE SIGNED 7-30-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-30-56	23c. NAME OF CEMETERY OR CREMATORY NIT MORIAH	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D. W. Newcomer		25. DATE RECD. BY LOCAL REG. 7-30-1956	
26. REGISTRAR'S SIGNATURE Alpha Rollins			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7-0

8958 100

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 Roland M. Giffen

Licensed Embalmer No. 47

P. O. Address Platte City

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