

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26957

State File No. **3372**

FILED AUG 29 1956

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

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY WYANDOTT | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY MISSOURI | | c. CITY OR TOWN KANSAS CITY, KANSAS | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 6 days | | e. STREET ADDRESS (If rural, give location) 433 North 18th St., | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Adm. Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) EVERETT b. (Middle) LEROY c. (Last) ICENOGL | | | 4. DATE OF DEATH (Month) (Day) (Year) AUGUST 2, 1956 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 12-17-95 | 9. AGE (In years last birthday) 60 yrs | IF UNDER 1 YEAR Months 7 Days 16 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cattle Trader | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Hersman, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? US | | | | | |

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| 13a. FATHER'S NAME CHARLES ICENOGL | 13b. MOTHER'S MAIDEN NAME MARTHA MCCOY | 14. NAME OF HUSBAND OR WIFE MILDRED ICENOGL |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) WW I 515-32-6278 | 17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K.C., Mo. | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, terminal (m.m.o.) | | II. ANTECEDENT CAUSES | | 1949 |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| DUE TO (b) _____ | | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 27, 1956, to Aug. 2, 1956, that I last saw the deceased alive on Aug. 2, 1956, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Faustino Centurion, M. D. | 23b. ADDRESS VA Hospital, Kansas City, Mo. | 23c. DATE SIGNED 8-2-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 8-2-56 | 24c. NAME OF SEMETERY OR CREMATORY Highland Park | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| DATE REC'D BY LOCAL REG. 8-3-56 | REGISTRAR'S SIGNATURE Neve Minshall | 25. FUNERAL DIRECTOR'S SIGNATURE Harriet Gads | ADDRESS K.C., Mo. |
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(Licensed Embalmer's 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 *J. J. Lewis*

Licensed Embalmer No *350*

P. O. Address *W. C. Han*

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.