Health, & Welfare Public Service

5. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025546
STATE FILE NUMBER

FILED JUL 25 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3263

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL — Length of stay in 1b: 12 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1216 Michigan — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: WILLIS Middle: Last: HICKS

4. DATE OF DEATH Month Day Year: June 24, 1958

5. SEX: MALE **6. COLOR OR RACE**: NEGRO **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 6-12-09

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLINICAL WORKER **10b. KIND OF BUSINESS OR INDUSTRY**: GATEWAY CHEMICAL CO.

11. BIRTHPLACE (City and state or country): VINITA, OKLAHOMA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ELMER HICKS

13b. MOTHER'S MAIDEN NAME: ALTA WILLIS

14. NAME OF HUSBAND OR WIFE: GENEVIEVE HICKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): P.T.E. 1918-1940

16. SOCIAL SECURITY NO.: 509-10-1737

17. INFORMANT: Genevieve Hicks Address 1216 Michigan ~~Official Records VA Hospital~~, K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Massive hemo-pericardium
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rupture of the disecting aneurysm, AORTA
DUE TO (c): Malignant hypertension
INTERVAL BETWEEN ONSET AND DEATH: .251
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 21, 1958 to June 24, 1958 and last saw him alive on
Death occurred at 8:35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. COZZARELLI, M.D. M.D.
22b. ADDRESS: VA Hospital, K.C., Mo.
22c. DATE SIGNED: 6-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 3, 1958
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Ft. Leavenworth, Kansas

24. FUNERAL DIRECTOR ADDRESS: Mrs. Meek's Mortuary, K. C. Mo.
25. DATE REC'D BY LOCAL REG.: 7-2-58
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Hazel M. Hendrix

Licensed Embalmer No. 4943

P. O. Address K. C. Mo.

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.