THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044363

STATE FILE NUMBER 5508

FILED DEC 18 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION V A HOSPITAL — Length of stay in Hospital 42 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 3015 PASEO (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First IRL Middle C Last RICKMAN
4. DATE OF DEATH Month November Day 19 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH August 26, 1889
9. AGE (In years last birthday) 69 — 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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Jefferson County, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jessie R. Rickman
13b. MOTHER'S MAIDEN NAME Amanda C. Meredith
14. NAME OF HUSBAND OR WIFE Grace Rickman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, WWI or dates of service)
16. SOCIAL SECURITY NO. 495 09 9269
17. INFORMANT VA Hospital Official Records, K. C. Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestion and edema, advanced, with bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
Primary
DUE TO (c) Carcinoma, left lung, extending to heart.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621.
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 October 3, 1958, to November 19, 1958, and last saw him alive on
Death occurred at 1:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. Williams (Degree or title) M.D.
22b. ADDRESS V.A. Hospital
22c. DATE SIGNED 11-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE Nov. 22 1958
23c. NAME OF CEMETERY OR CREMATORY Elmwood
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Mrs C.L.Forster Funeral Home Inc. ADDRESS 918 Brooklyn Kansas City, Mo. (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG. 11-21-58
26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

A. J. Williams

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 .....

Licensed Embalmer No. 5599

P. O. Address .....

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.