URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1959

59-040538

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 498

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b 37 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2001 Evanston — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2001 Evanston — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Arthur Middle Last Reickard Sr.

4. DATE OF DEATH Month Nov. Day 7 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-28-1903
9. AGE (last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Polisher & Buffer
10b. KIND OF BUSINESS OR INDUSTRY DeTray Plating Co.
11. BIRTHPLACE (City and state or country) Interlocking, Michigan
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Albert Reickard
13b. MOTHER'S MAIDEN NAME Martha Howe
14. NAME OF HUSBAND OR WIFE Jessie Ruth Reickard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 380-01-1903
17. INFORMANT Address Mrs. Jessie R. Reickard Indep. 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) Carcinoma of Lungs + — INTERVAL BETWEEN ONSET AND DEATH 4 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastasis to Liver
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent paralysis Left Side

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 8-3-59, to 11-7-59 and last saw ~~her~~ him alive on 11-6-59
Death occurred at 11:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Dlabal M.D.
22b. ADDRESS 1210 Ash Independence Mo
22c. DATE SIGNED 11-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 10, 1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons Independence, Mo.
25. DATE RECD. BY LOCAL REG. 11-10-59
26. REGISTRAR'S SIGNATURE James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. Kenneth Pallison

Signature of Student Embalmer

Licensed Embalmer No. 4697

P. O. Address Lynn, Ma

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