

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029324

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3716 STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 602 Registrar's No.

AUG 16 1961

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City, MO</b>		Length of stay in lb <b>40 yrs.</b>	c. CITY OR TOWN <b>Kansas City, Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4309 Jefferson</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Hickman</b> Last <b>Hickman</b>			4. DATE OF DEATH Month <b>7</b> Day <b>25</b> Year <b>61</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-27-98</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER &amp; PAPER HANGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AVA, MISSOURI</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		
13a. FATHER'S NAME <b>EVERETT HICKMAN</b>		13b. MOTHER'S MAIDEN NAME <b>AJA FORSYTHE</b>		14. NAME OF HUSBAND OR WIFE <b>LAURA HICKMAN</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>LAURA HICKMAN K.C. Mo.</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Dissecting Aneurysm with Rupture of the Thoracic Aorta</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>7 hours</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 **7-24-61** to **7-25-61** and last saw him alive on **7-25-61**  
Death occurred at **2A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Harold W. Volk, M.D.</b>	22b. ADDRESS <b>201 Plaza Med Bldg. 315 Nichols Rd. K.C. Mo.</b>	22c. DATE SIGNED <b>7-26-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-27-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>FREEMAN MORTUARY K.C. Mo. 7-26-61</b>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>
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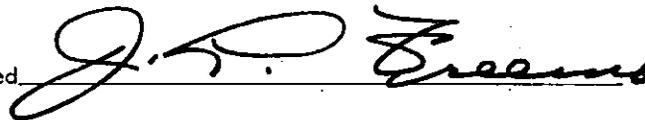
DATE FURNISHED 9/29/61  
INSTEAD OF DOCUMENT  
BY AFFIDAVIT OF attending physician Harold W. Volk  
ITEM NO. SHOULD READ 18c Arteriosclerosis

**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. 2939

P. O. Address F. O. 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.