MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

62-006622
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 824

FILED FEB 28 1962

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Menorah Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN: Holden
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): South #131 Hiway
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: RICHFORD Middle: SMITH Last: MICKEY
4. DATE OF DEATH: Month February Day 6, Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3-13-1885
9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months ~~10~~ Days ~~23~~ IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Morrill, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Taylor Mickey
13b. MOTHER'S MAIDEN NAME: Elizabeth Smith
14. NAME OF HUSBAND OR WIFE: Sylvia Wagner Mickey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Robert E. Mickey Address: Holden, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instantly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Post operative stress — 9-10 hrs
DUE TO (c):
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Feb. 4. '62, to Feb. 6. '62 and last saw her alive on Feb 6, '62
Death occurred at 9 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. Lloyd Stockwell MD (Degree or title)
22b. ADDRESS: 600 Professional Bldg KC Mo.
22c. DATE SIGNED: 2/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-8-'62
23c. NAME OF CEMETERY OR CREMATORY: Holden Cemetery
23d. LOCATION (City, town, or county) (State): Holden, Missouri

24. FUNERAL DIRECTOR: Canaday & Ropp ADDRESS: Holden, Missouri
25. DATE RECD. BY LOCAL REG.: 2-12-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

A. Lloyd Stockwell

VS MAR 1 1962

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_____ Signed M L Conaday
Signature of Student Embalmer

Licensed Embalmer No. 3434

P. O. Address Holden

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.