

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11519

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>389</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Buchanan</u>		b. STATE <u>Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>510 North 24th Street</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Mo.</u>		c. LENGTH OF STAY (In this place) <u>10 Days</u>		d. COUNTY <u>Buchanan</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>510 North 24th Street</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Dell</u>	b. (Middle) <u>William</u>	c. (Last) <u>Bickett</u>	(Month) <u>April</u>	(Day) <u>7</u>	(Year) <u>1949</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 23 1889</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 1 HR. Days <u>0</u>		IF UNDER 1 HR. Hours <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Roadmaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.I., R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Sherman Co., Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas G. Bickett</u>		13b. MOTHER'S MAIDEN NAME <u>Appalona Bullock</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>708-10-8643</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie Bickett</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		DUE TO (b) <u>CORONARY SCLEROSIS</u>				DUE TO (c) <u>ARTERIO SCLEROSIS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSION</u>							
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>3-21, 1949</u> , to <u>4-7, 1949</u> , that I last saw the deceased alive on <u>4-6, 1949</u> , and that death occurred at <u>3:10A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Allen Sherman</u>				23b. ADDRESS <u>St Joseph, Mo. 317 KIRKPATRICK BLDG</u>		23c. DATE SIGNED <u>4-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/8/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Goodland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Goodland Kansas</u>	
DATE REC'D BY LOCAL REG. <u>April 9, 1949</u>		REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherman & Siders</u>			
				ADDRESS <u>1802 Union St</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 7 1949

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed Robert H. Yaple.....

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph 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 this body is not embalmed, fact should be so stated above.