

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12465**  
Registrar's No. **1533**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>65 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>208 E 31st</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Delores</b>	
c. (Last) <b>Bickett</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 7 1951</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept 19, 1885</b>
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician assist</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13. FATHER'S NAME <b>John Henry Bickett</b>	
13b. MOTHER'S MAIDEN NAME <b>Emily McClure</b>		14. NAME OF HUSBAND OR WIFE <b>none</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>		16. SOCIAL SECURITY NO. <b>? No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Earl L Bickett</b>		ADDRESS <b>208 E 31st.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic Broncho Pneumonia</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Carcinoma of Ovary</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>		<b>6 mo.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Nov 25, 1950</b> , to <b>April 7, 1951</b> , that I last saw the deceased alive on <b>April 7, 1951</b> , and that death occurred at <b>2 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>John M Powers</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>3304 Linwood</b>	
23c. DATE SIGNED <b>4/9/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4/10/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Mary's</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sheraldine Holmes</b> ADDRESS <b>2016 Linwood</b>	
DATE REC'D BY LOCAL REG <b>4-9-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	

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

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, of \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Garrett D. Goldenow

Signed.....  
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address Kansas City 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.