

FILED JUN 15 1951

STANDARD CERTIFICATE OF DEATH

16408

State File No. 2223

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2223

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>7 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville Mo</u>	<u>830</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1312 Main St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> b. (Middle) <u>Fickle</u> c. (Last) <u>Atkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May. 20-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 21, 1884</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furnisher</u>	11. BIRTHPLACE (State or foreign country) <u>Parkville, Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furnisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clathing</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Matthew Fickle</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Crane</u>	14. NAME OF HUSBAND OR WIFE <u>Dean Atkins</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>946-03-0883</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jerry Atkins Parkville, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 Days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> <u>2 Mos</u> DUE TO (c) <u>Hypertension (arterial)</u> <u>4 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4261</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 <u>3/13</u> , 19 <u>51</u> , to <u>5/20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/19</u> , 19 <u>51</u> , and that death occurred at <u>9:55 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James D. Smith</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>318 Prof. Bldg. KC Mo.</u>	23c. DATE SIGNED <u>5/20/51</u>
24a. BURIAL CREMATION (REMOVAL) <u>51</u>	24b. DATE <u>May 24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Parkville, Mo</u>
DATE REC'D BY LOCAL REG. <u>5-24-51</u>	REGISTRAR'S SIGNATURE <u>Margalene Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lebud H. Liscuin, Parkville Mo.</u>	

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

1951 51 1001

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,

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Leland H. Francis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3451*

P. O. Address *Parkville, 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.