

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32107**

FILED OCT 9 1953

No. 300  
10.48

7001

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

BIRTH NO. _____		REG. DIST. NO. <b>150</b>		PRIMARY REG. DIST. NO. <b>4239</b>		Registrar's No. <b>180</b>	
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, write RURAL and give township) OR TOWN <b>Lee's Summit</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>Lee's Summit Mo</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>409 North Douglas</b>				d. STREET ADDRESS (If rural, give location) <b>409 North Douglas</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bessie</b> b. (Middle) <b>C</b> c. (Last) <b>Sechler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 18 1953</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	8. DATE OF BIRTH <b>Mar 22-1871</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lee's Summit Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>John T Hickman</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Fisher</b>		14. NAME OF HUSBAND OR WIFE <b>Jake Sechler</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lucille Greene Lee's Summit Mo</b> ADDRESS <b>Lee's Summit Mo</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>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease 15 yrs</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs.</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION: <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>5-18 1953</b> to <b>9-18 1953</b> , that I last saw the deceased alive on <b>9-18 1953</b> , and that death occurred at <b>12:20 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm J. Bell M.D.</b> (Degree or title)				23b. ADDRESS <b>18 East Third Lee's Summit</b>		23c. DATE SIGNED <b>9-18-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-20-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit</b>		24d. LOCATION (City, town, or county) (State) <b>Lee's Summit Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-19-53</b>		REGISTRAR'S SIGNATURE <b>H.B. Langford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.B. Langford</b> ADDRESS <b>Lee's Summit Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed W.B. Langford

Licensed Embalmer No. 3123

P. O. Address. Leis Summit

**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.