FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16170

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1931

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City
c. LENGTH OF STAY (in this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 901 East 47th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 74 901 East 47th St. 2748 0

3. NAME OF DECEASED (Type or Print)
a. (First): MAY
b. (Middle): R.
c. (Last): SICKMAN

4. DATE OF DEATH (Month) 4 (Day) 28 (Year) 54

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 18,
9. AGE (In years last birthday): Abt. 82 — 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): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Colorado 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Emma Fuller
14. NAME OF HUSBAND OR WIFE: David V. Sickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Laurence Sickman, 901 E. 47th, K. C. Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 6 Mos.?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) CARCINOMA (PRIMARY UNDETER) — ?
DUE TO (c) Pathological Fracture - R. femur — 8 weeks.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis. F

19a. DATE OF OPERATION: 3/22/54
19b. MAJOR FINDINGS OF OPERATION: CARCINOMA AND FRACTURE - R. femur 1999
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3/8, 19 54, *to* 4/28, 19 54, *that I last saw the deceased alive on* 4/25, 19 54, *and that death occurred at* 5:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. L. Byers P. L. Byers M.D.
23b. ADDRESS: 4635 Wyandotte, K.C. 12, Mo
23c. DATE SIGNED: 4/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 4-30-54
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Crematory
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 4-29-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: STINE & McCLURE UND. CO. K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

40.300
10.48

Dr: Phil Byers
4635 Wyandotte
Je. 5663

Leave at office today.
Will call when signed.

TOD 4:

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. K. Crowell.....

Licensed Embalmer No. 49

P. O. Address ...K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.