No. 300
10.48

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42137

BIRTH NO. _____ REG. DIST. NO. 700 PRIMARY REG. DIST. NO. 57V5 Registrar's No. 252

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hudson
c. LENGTH OF STAY (in this place): 3 HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 36 East 1 mile

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY:
c. CITY OR TOWN: Wichita
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1725 Victor

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Robert
c. (Last): Sickler

4. DATE OF DEATH (Month) (Day) (Year): Dec. 23, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Feb. 4, 1934
9. AGE (In years last birthday): 22 — 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): Expediter
10b. KIND OF BUSINESS OR INDUSTRY: Beech Aircraft
11. BIRTHPLACE (City and State or Foreign Country): Wichita, Kans.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: N. P. Sickler
13b. MOTHER'S MAIDEN NAME: Lela McGinnis
14. NAME OF HUSBAND OR WIFE: No
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korean
16. SOCIAL SECURITY NO.: 509-30-2500
17. INFORMANT'S SIGNATURE OR NAME: L. P. Hahn — **ADDRESS**: Wichita, Kans.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Hitting While Walking
DUE TO (c)

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

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Macon Macon Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 23 1956 10:00 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Walked in front of Car.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester Hutton Coroner
23b. ADDRESS: Macon Mo.
23c. DATE SIGNED: Dec 28 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-26-56
24c. NAME OF CEMETERY OR CREMATORY: Derby Cemetary
24d. LOCATION (City, town, or county) (State): Derby, Kansas

DATE REC'D BY LOCAL REG.: 12/28/56
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Broadway Mortuary Wichita Kans.

(Licensed Embalmer's Statement on Reverse Side)

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

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County File No. 12.56.208

Date Filed 1.10.57

JAN 17 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 457

P. O. Address Macon, M

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