

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 692

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>11 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>5144 OLIVE STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GROSS NURSING HOME 4</u>				d. STREET ADDRESS (If rural, give location) <u>5144 OLIVE STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u>			b. (Middle)		c. (Last) <u>TRICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-12-1949</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>MARCH 10, 1871</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>AUSTRIA 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANTON KAIFASCH</u>		13b. MOTHER'S MAIDEN NAME <u>SUSANNA UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK R. TRICK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. CLIFF ADAMS 5144 OLIVE K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>4221</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u> <u>1944</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>1940</u> , 19 <u>40</u> , to <u>2-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-11</u> , 19 <u>49</u> , and that death occurred at <u>8:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest W. Slusher M.D.</u> (Degree or title)				23b. ADDRESS <u>900 Riatta Bldg KC Mo</u>		23c. DATE SIGNED <u>2-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEBRUARY 14, '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CREMATORY ST. LOUIS, MISSOURI</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>2-14-49</u>		REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer's Sons 1401 BRUSH CREEK BLVD. KANSAS CITY, MO.</u>			

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, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Robert Ray*

Licensed Embalmer No. *4182*

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.