

18966

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 27 1949

Registrar's No. 38

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>4138</u>		State File No.		
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LATHROP</u>		c. LENGTH OF STAY (In this place) <u>50 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lathrop</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>IVAN</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>MICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1949</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec-18-1897</u>		
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>		IF UNDER 1 HR. Hours <u>21</u> Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labour (feed feeds)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kearney, Mo!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John Mick</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Valentine</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys Nower Mick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or N, no. or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-07-2536</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gladys Mick - Lathrop 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u> DUE TO (c) <u>Rheumatic Fever</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>12 PM - 6:12 PM</u> <u>5:30 PM - 6:12 PM</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>2-25</u> , 19 <u>49</u> , to <u>6-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>49</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. J. Antreus M.D.</u>				23b. ADDRESS <u>Lathrop, Missouri</u>		23c. DATE SIGNED <u>6-14-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lathrop Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lathrop Mo</u>		
DATE REC'D BY LOCAL REG. <u>6-14-49</u>		REGISTRAR'S SIGNATURE <u>Wimfred W. Moser</u>		FUNERAL DIRECTOR'S SIGNATURE <u>DeMass CRUNK</u>		ADDRESS <u>Camoron Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48



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. 266

working under my personal supervision.

Signed

Laurence F. Thompson
Student Embalmer

Signed

Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.