

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20332

State File No.

FILED JUN 30 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2558</u>	
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 township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>6 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Lendman Con. Home K.C. Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>149 E. Kansas</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u>			b. (Middle) _____			c. (Last) <u>REICK</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 8, 1881</u>		9. AGE (In years less birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware Salesman</u>		11. BIRTHPLACE (State or foreign country) <u>Summer, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Reick</u>		13b. MOTHER'S MAIDEN NAME <u>Mittie Leach</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Edna Reick Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY <u>490-09-1819</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Reick Indep, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(a) Cerebral thrombosis</u> ANTECEDENT CAUSES <u>(b) Cerebral Arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 mos</u> <u>332 hrs</u> <u>3 mos</u> <u>4 mos</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Chronic pyelocystitis</u> <u>Fracture left femur</u>				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)		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>17 Dec., 1950</u> to <u>14 June, 1951</u> that I last saw the deceased alive on <u>14 June, 1951</u> , and that death occurred at <u>7:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jean B. Willoughby M.D.</u>				23b. ADDRESS <u>1714 N. 1st St. K.C. Mo.</u>		23c. DATE SIGNED <u>15 June 51</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>June 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-15-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Mitchell</u>		ADDRESS <u>Indep. Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Jean B. Willoughby M.D.

1967 8 1 101

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Bridge 9 Me.

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.