

RECEIVED OCT 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33944

State File No.

4373

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

1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quick City 1510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Labadie Hospital 2907 E. 1st</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Edward</u> c. (Last) <u>Wick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 13 51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 17 - 1871</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>XX</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Sweden</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Agda Wick</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ellen Wick Quick City 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>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic atrio fibrillation</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>About 5 days</u>		Indefinite	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE (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>Oct-9 - 1951</u> , to <u>Oct 13</u> , 1951, that I last saw the deceased alive on <u>Oct-13</u> , 1951, and that death occurred at <u>10:45 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. I. Schindler</u> (Degree or title)		23b. ADDRESS <u>421 Shubert Bldg</u>	23c. DATE SIGNED <u>10-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 16 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemtery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-14-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilba Funeral Home - 2315 Pinwood X 6 Mo</u>

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

2-32-69

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Chas E. Weeks

Signed.....

Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *P. C. MD*

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.