

STANDARD CERTIFICATE OF DEATH

State File No. **41590**  
**5413**

FILED JAN 5 1952

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

1. PLACE OF DEATH  
a. COUNTY **Jackson**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**  
c. LENGTH OF STAY (in this place) **46 yrs.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Trinity Lutheran Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**  
d. STREET ADDRESS (If rural, give location) **4018 East 69th St.**

3. NAME OF DECEASED  
a. (First) **Charles** b. (Middle) **E** c. (Last) **Frick**  
4. DATE OF DEATH (Month) (Day) (Year) **12 15 51**

5. SEX **Male** 6. COLOR OR RACE **Wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **May 2, 1882** 9. AGE (in years last birthday) **69**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired** 10b. KIND OF BUSINESS OR INDUSTRY **grave digging** 11. BIRTHPLACE (State or foreign country) **Bretzville, Indiana** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Jacob Frick** 13b. MOTHER'S MAIDEN NAME **Caroline Risch** 14. NAME OF HUSBAND OR WIFE **Gertrude Frick**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no xx** 16. SOCIAL SECURITY NO. **495-01-9423** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Gertrude Frick** ADDRESS **4018 East 69th St.**

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) **Voluntar Heart Disease with Cardiac Deconpenation**  
ANTECEDENT CAUSES **Cardiac Deconpenation**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH **4214**

18a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **July 10, 1950** to **Dec 15, 1951**, that I last saw the deceased alive on **Dec 15, 1951**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **P. E. Pearson M.D. MD** 23b. ADDRESS **1025 Health Bldg., K.C., Mo** 23c. DATE SIGNED **12/15/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **12/17/1951** 24c. NAME OF CEMETERY OR CREMATORY **Forest Hill** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **12-17-51** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Bentley Mortuary** ADDRESS **5811 Troost**

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Guy Buffington*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2756

P. O. Address K.S. 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.