

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5291 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> <u>0240</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Kearney R #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kearney R #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Frick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 1-52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 18-1884</u>
9. AGE (In years last birthday) <u>67</u>		if UNDER 1 YEAR <u>3</u> Months	if UNDER 1 HR. <u>13</u> Hours
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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Geaoge Frick</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C Liggett</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Frick R.R. #1 Kearney, Missou</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>Carcinoma of Prostate - Metastatic</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Prostate</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>8-2-51</u> , 19 <u>51</u> , to <u>8-22-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-22-51</u> , 19 <u>51</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William L. Volk</u> (Degree or title)		23b. ADDRESS <u>Univ. of Kan. Med Center</u>	23c. DATE SIGNED <u>8/22/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Providence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clay County Missouri</u>
DATE REC'D BY LOCAL REG. <u>April-10-1952</u>	REGISTRAR'S SIGNATURE <u>Dominic Haynes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Penner-Cremer Co. Liberty, Mo</u>	

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

0240  
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**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

*John Lombard*

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.