

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10047**

5. No. 300
v. 10.48

FILED APR 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1658

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elms Nursing Home K.C. Mo.		d. STREET ADDRESS (If rural, give location) 315 S. Osage St.	
3. NAME OF DECEASED a. (First) MRS. ROSETTA b. (Middle) D. c. (Last) REICK			4. DATE OF DEATH March 23, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 3, 1864
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 1 MIN. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Indep, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Herman Rummel	
13b. MOTHER'S MAIDEN NAME Dorothy		14. NAME OF HUSBAND OR WIFE Henry Reick Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Herman Reick ADDRESS Indep, MO.
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis	
		INTERVAL BETWEEN ONSET AND DEATH 1 year	
		ANTECEDENT CAUSES DUE TO (b) General Arteriosclerosis	
		DUE TO (c) Senescence	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Senescence	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 Feb 9, 1944 , to March 23 1953 that I last saw the deceased alive on Mar 20, 1953 , and that death occurred at 11:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE C.H. Allen (Degree or Title) M.D.		23b. ADDRESS Independence Mo.	23c. DATE SIGNED 3-24-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 25, 1953	24c. NAME OF CEMETERY OR CREMATORY Woodlawn
		24d. LOCATION (City, town, or county) Indep, Mo.	(State) Mo.
DATE REC'D BY LOCAL REG. 3-24-53		REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell ADDRESS Indep, Mo.

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 J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep 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.