

STANDARD CERTIFICATE OF DEATH

40889
State File No. 5864

FILED JAN 12 1955

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

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) Kansas City		c. CITY OR TOWN Kansas City <small>Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
c. LENGTH OF STAY (in this place) 42 yrs		STREET ADDRESS (If rural, give location) 6017 Charlotte	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Medical Center			

3. NAME OF DECEASED (Type or Print) JACK G. Detrick			4. DATE OF DEATH (Month) (Day) (Year) 12 21 54		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 6, 1912		9. AGE (In years last birthday) 42		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY City Auditor		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
12. CITIZENRY OF WHAT COUNTRY? USA					

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Mary Ann Dalbow		14. NAME OF HUSBAND OR WIFE Daisy M. Detrick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-03-1744		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy M. Detrick, 6017 Charlotte, KC Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES DUE TO (b) Chronic Rheumatic Mitral Valvulitis with Stenosis 3 years DUE TO (c) Auricular Fibrillation 1 year II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small> 410X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, garage, bus or trolley, 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 **Dec 20, 1954**, to **Dec 21, 1954**, that I last saw the deceased alive on **Dec 21, 1954** and that death occurred at **8 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Graham Asher (Degree or title) M.D.		23b. ADDRESS 1220 Prof. Bldg. Kansas City, Mo.		23c. DATE SIGNED 12-21-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/23/54		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.					

DATE REC'D BY LOCAL REG. 12-24-54		REGISTRAR'S SIGNATURE Anne Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UNDERTAKING CO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Walton

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.....
Signature of Student Embalmer

Signed *J. L. Walton*

Licensed Embalmer No. *274*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.