

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12846**

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>123</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>29 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1023 East 4th</u>				d. STREET ADDRESS (If rural, give location) <u>1023 East 4th</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>John</u> c. (Last) <u>Schick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1955</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 7-1891</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. Shops</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Florence Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fritz Schick</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah White</u>		14. NAME OF HUSBAND OR WIFE <u>Clara</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-18-5593</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Schick</u>		ADDRESS <u>Sedalia</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, ashenia, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Scurvy</u></p>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>151 X</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>June 3</u> , 19 <u>54</u> , to <u>April 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/21</u> , 19 <u>55</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. L. Kolden D.O.</u>			23b. ADDRESS <u>1116 W. 3rd, Sedalia, Mo</u>			23c. DATE SIGNED <u>4/24/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-24-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Florence Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-26-55</u>	REGISTRAR'S SIGNATURE <u>Lavinia Coontz, Sp. CM</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Emballer's Statement on Reverse Side)

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

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MAY 1 1951

**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 \_\_\_\_\_

*K.P.M. Cary*

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.