

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9425**BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. **5575** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY George Ficht Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burns Washington		c. LENGTH OF STAY (in this place) 3 mo	c. CITY OR TOWN North Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION Curtis Convalescent Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 3823 N Spruce		6001 1	

3. NAME OF DECEASED (Type or Print) George Ficht	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 3 24 56
---	------------	-------------	-----------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4/3/1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS. Hours Min.
-----------------------	----------------------------------	--	-------------------------------------	--	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Cold Storage	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME John Ficht	13b. MOTHER'S MAIDEN NAME Betty Etzner	14. NAME OF HUSBAND OR WIFE Barbara Ziegler
---	--	---

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. 486-07-3659	17. INFORMANT'S SIGNATURE OR NAME George Ficht Jr	ADDRESS Independence Mo
---	---	---	-----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Tongue & Pharynx		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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. Generalized Arteriosclerosis arteriosclerotic Heart Disease		? ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1998	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) (m.)	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 21, 1956**, to **March 24, 1956**, that I last saw the deceased alive on **March 1, 1956**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE, (Degree or title) William A. Kello M.D.	23b. ADDRESS Grandview Mo.	23c. DATE SIGNED Mar 26, 56
---	--------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/27/56	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. 3/27/56	REGISTRAR'S SIGNATURE Sturges	25. FUNERAL DIRECTOR'S SIGNATURE Sheil Funeral Home, Kansas City, Mo	ADDRESS
--	---	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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

180

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 *Thomas A. Heif*.....

Licensed Embalmer No. *42*.....

P. O. Address *K.C.*.....

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.