

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17306
 State File No. _____
 2115

FILED MAY 21 1957

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

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> | c. LENGTH OF STAY (in this place) <u>15 YEARS</u> | c. CITY OR TOWN <u>KANSAS CITY</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u> | | e. STREET ADDRESS (If rural, give location) <u>707 CHERRY STREET</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | b. (Middle) <u>ANDREW</u> | c. (Last) <u>PARICK</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 3 57</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 6, 1892</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>beer & dye MAKER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>DONALDSON MFG. CO.</u> | 9. AGE (in years last birthday) <u>64 YRS.</u> |
| 11a. FATHER'S NAME <u>ABRAM PARICK</u> | | 11b. MOTHER'S MAIDEN NAME <u>MARY ANDREWS</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>LAURA, ILL.</u> |
| 13a. FATHER'S NAME | | 14. NAME OF HUSBAND OR WIFE <u>EDNA MARIE PARICK</u> | |

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| 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>499-16-0884</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS EDNA MARIE PARICK</u> | ADDRESS <u>K.C. MO.</u> |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac decompensation</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | <u>years</u> |
| | DUE TO (c) <u>Aortic Stenosis</u> | | <u>years</u> |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal pneumonia</u> | | <u>4211</u> | |

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| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT (Specify) <u>suicide</u> | 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 1948, 19___, to death, 19___, that I last saw the deceased alive on today - 5-3-57, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> | 23b. ADDRESS <u>104 Prairie V. Hg. M. J. Bldg. P.U. Room</u> | 23c. DATE SIGNED <u>5-3-57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>5-3-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>COLONY CEMETERY</u> |
| 24d. LOCATION (City, town, or county) (State) <u>COLONY, KANSAS</u> | | |

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| DATE REC'D BY LOCAL REG. <u>5-4-57</u> | REGISTRAR'S SIGNATURE <u>Delva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> | ADDRESS <u>K.C. Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

G. M. Oswood

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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
Signature of Student Embalmer

Signed *Raymond M. Hardy*

Licensed Embalmer No. *4913*

P. O. Address *Index, 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.