

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24956

FILED AUG 2 1957

STATE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 317

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, give TOWNSHIP only) OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indep. Sanit. & Hosp</u>			Length of stay in 1b <u>5 wks</u>		d. STREET ADDRESS <u>1943 Harvard</u> (If outside, give location) <u>7005</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>DENNIS</u> Middle <u>RICHARD</u> Last <u>SCHRIK</u>				4. DATE OF DEATH Month <u>July</u> Day <u>26</u> Year <u>1957</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 14, 1957</u>		9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (City and state or country) <u>Independence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Albert T. Schrik</u>						14. MOTHER'S MAIDEN NAME <u>Beth M. Sallee</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Albert T. Schrik, Independence, Missouri</u> Address							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>INANITION</u>										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Resection of Small Intestine</u> <u>6 hrs</u>			
										DUE TO (c) <u>Congenital Stenosis + Volvulus of Small Bowel</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? <u>7562</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>E.</u>										
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION <u>Independence</u>			COUNTY <u>Jackson</u>		STATE <u>Mo</u>		
21. I attended the deceased from <u>6-14-57</u> to <u>7-26-57</u> and last saw her/him alive on <u>7-26-57</u> Death occurred at <u>7:10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Stanford F. Cockrell MD</u> (Degree or title)				22b. ADDRESS <u>11037 Wynn Rd.</u>				22c. DATE SIGNED <u>7-27-57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>July 27, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>					
24. FUNERAL DIRECTOR <u>George C. Carson, Independence, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>7-27-57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>							

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-56
Director, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 3 0 1957

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. H. Gibson*

Licensed Embalmer No. *48*

P. O. Address *Indep.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.