

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014336
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1707

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, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		d. STREET ADDRESS (If outside, give location) 512 Woodland	
3. NAME OF DECEASED (Type or print) First Thomas Middle Mick Last Mick		4. DATE OF DEATH Month 3 Day 29 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-6-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penitentiary		11. BIRTHPLACE (City and state or country) Smithville New Jersey	
13a. FATHER'S NAME unknown		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Jackson County Welfare	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			151 X F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of left femur			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fall in nursing home	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 3-12-58			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address	
		20f. CITY, TOWN, OR LOCATION Kansas City	
		COUNTY Jackson STATE Missouri	
21. I attended the deceased from March 12, 1958 to March 29, 1958 and last saw ^{for} him alive on March 29, 1958 Death occurred at 5:20A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Bob Brown, M.D.</i> (Degree or title)		22b. ADDRESS 24th & Cherry	
		22c. DATE SIGNED 3-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-2-58	
23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23d. LOCATION (City, town, or county) (State) K.C. Mo	
24. FUNERAL DIRECTOR B.E. Wiertel ADDRESS K.C. Mo		25. DATE RECD. BY LOCAL REG. 4-2-58	
		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. Burns

MEDICAL CERTIFICATION

300
1-57

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 *B. E. Weiland*

Licensed Embalmer No. *4075*

P. O. Address *K. C. S. Me*

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.