

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017708

FILED MAY 21 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2152 Registrar's No.

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Mission Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL Agnesora Medical Center | | Length of stay in lb 1 Day | d. STREET ADDRESS 5800 Nall Rd (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Leo Frick | | | 4. DATE OF DEATH Month Day Year April 28 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 8-15-00 |
| 9. AGE (In years last birthday) 58 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer | 11. BIRTHPLACE (City and state or country) U. S. A. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisting Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Musselman & Hall Cop. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME Stephen Frick | | 13b. MOTHER'S MAIDEN NAME Anne Barnstalf | 14. NAME OF HUSBAND OR WIFE Cleona Frick |
| 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. 487-16-3883 | 17. INFORMANT Address Cleona Frick, 5800 Nall Rd. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute pulmonary edema and congestion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) acute myocardial infarction, anterior wall DUE TO (c) Recent thrombosis, left anterior descending cor. artery | | | INTERVAL BETWEEN ONSET AND DEATH 4201 |
| 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? 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.) | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT <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 | COUNTY | STATE |
| 21. I attended the deceased from 1954 to death and last saw him alive on 4/28/59 Death occurred at 3 A m on the date stated above; and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE Spencer M D (Degree or title) | | 22b. ADDRESS Mission Ks | 22c. DATE SIGNED 4/30/59 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-30-59 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | 23d. LOCATION (City, town, or county) Kansas City, Missouri (State) |
| 24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-30-59 | 26. REGISTRAR'S SIGNATURE Neve Marshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

G. R. Maser

01/11

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 *William M. Turner*

Licensed Embalmer No. *404*
P.O. Address: *City*

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.