

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025549

FILED VS JUL 29 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 330

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		a. STATE Missouri		b. COUNTY Jackson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1019 So. Woodland		Length of stay in 1b 35 yrs.		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 1019 So. Woodland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1019 So. Woodland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JOHN		Middle WILS		Last MICK		Month Day Year July 21, 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 Nov. 15, 1893	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Clinton Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Henry Mick			13b. MOTHER'S MAIDEN NAME Laura Unknown			14. NAME OF HUSBAND OR WIFE Louceil Walker Mick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. I			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Louceil W. Mick, 1019 So. Woodland, Indep.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary Atherosclerosis						about 30 minutes	
DUE TO (b) with Thrombosis & Occlusion							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 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		COUNTY STATE	
21. I attended the deceased from March 1959 , to 7-21-59 and last saw her him alive on 7/21/59 Death occurred at 11: 30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles Grabske, M.D. Drs. Grabske & Link				22b. ADDRESS 10901 Winner, Indep., Mo.		22c. DATE SIGNED 7-21-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-23-59		23c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery		23d. LOCATION (City, town, or county) (State) Lathrop, Missouri	
24. FUNERAL DIRECTOR ADDRESS Crunk Funeral Home, Lathrop, Mo.				25. DATE RECD. BY LOCAL REG. 7-23-59		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

6387 60 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond E. Hoerna

Licensed Embalmer No. 4266

P. O. Address Independence

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.