

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034798

DED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4917 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 Kansas City	a. STATE Missouri	b. COUNTY Jackson
Length of stay in 1b 3 1/2 yrs.		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS 5801 Kenwood	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First John	Middle Virgil	Last Herrick Sr.	4. DATE OF DEATH	Month Sept.	Day 29	Year 1960
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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 Sept. 16, 1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 5	IF UNDER 24 HR Days 5	Hours 56	Min. 56
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Funeral Director and Embalmer	10b. KIND OF BUSINESS OR INDUSTRY Funeral Home	11. BIRTHPLACE (City and state or country) Labelle, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Frank E. Herrick	13b. MOTHER'S MAIDEN NAME Alice Hobbs	14. NAME OF HUSBAND OR WIFE Freda Herrick
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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) No	16. SOCIAL SECURITY NO. 495-03-6224	17. INFORMANT Address Mrs. Freda Herrick 5801 Kenwood
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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)	Acute myocardial infarction	5 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	2 yrs.
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from July 1959 to Sept. 1960 and last saw him alive on Sept 27, 1960 Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Dee or title) Albert Decker MD	22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 9/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-1-60	23c. NAME OF CEMETERY OR CREMATORY White Chapel Mem. Gdns.	23d. LOCATION (City, town, or county) Clay County, Missouri	(State)
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24. FUNERAL DIRECTOR D. W. Newcomer's Sons N. K. C. Co.	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-30-60	26. REGISTRAR'S SIGNATURE H. L. Sawyer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Albert I. Decker

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4580
P. O. Address K. C. 18.

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.