

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-001683

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 691

AMENDED

FILED FEB 15 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>1 Week</u>	c. CITY OR TOWN <u>Breckenridge</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Joseph Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Breckenridge, Mo.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Wallace Glick</u>		4. DATE OF DEATH Month Day Year <u>Feb 4, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-5-97</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>	9. AGE (last birthday) <u>64</u>
13a. FATHER'S NAME <u>Allen A. Glick</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ponting</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Glick</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>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Marrin Glick, Raytown, Mo.</u>
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>Cerebral metastases</u> DUE TO (b) <u>Carcinoma of colon</u> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>6 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition gives in PART I (a) <u>Arteriosclerotic cardio-vascular disease</u>		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 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.)	
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 <u>Dec. 26, 1961</u> to <u>Feb. 4, 1962</u> and last saw <u>her</u> alive on <u>Feb. 4, 1962</u> Death occurred at <u>3:55 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>W. B. Mc Ginnis</u> (Deputy or title)	
22b. ADDRESS <u>836 Argyle Bldg., Kansas City</u>		22c. DATE SIGNED <u>2-5-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-5-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>-</u>	23d. LOCATION (City, town, or county) (State) <u>Breckenridge, Mo.</u>
24. FUNERAL DIRECTOR <u>Mead-Pitts, Breckenridge, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-6-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

W. B. Mc Ginnis, Medical Certification

FEB 19 1962

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 John R. Sidman

Licensed Embalmer No. 4531

P. O. Address Kansas 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.