

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JAN 29 1949

State File No. **1375**  
Registrar's No. **73**

40.300  
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Clay</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>North Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>Route #8</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>Fritz</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Pechek</b>	Month <b>1</b>	Day <b>7</b>	Year <b>49</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>April 17, 1883</b>		9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 24 HRS. Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>cabaret maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>xx</b>		11. BIRTHPLACE (State or foreign country) <b>Presser, Austria</b>		12. CITIZEN OF WHAT COUNTRY? <b>xx</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>xx</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>xx</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>487-05-5738</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lloyd A. Dorman, 524 Grand Ave. K.C. Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock</b>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Trauma to Brain</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E903 D</b>					<b>123</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Deputy Coroner</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Warren Mo</b>			
21d. TIME OF INJURY Month Day Year Hour m. <b>1 1 49</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Injury - By Fall</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>A.E. Upsher</b>			23b. ADDRESS <b>2800 Main</b>			23c. DATE SIGNED <b>1/7/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1-10-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>1-7-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Morton-Smiths Funeral Home, 832 Armour Rd.</b>		

**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.

Signed.....  
Student Embalmer

Signed   
Licensed Embalmer No. 4273  
P. O. Address KC Mo

**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 this body is not embalmed, fact should be so stated above.