

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5044**
769

BIRTH NO. **8479-50** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **941**

6

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (in this place) 18 hrs		d. STREET ADDRESS (If rural, give location) R.R. 11 North Kansas City	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Osteopathic Hospital Harrison			

3. NAME OF DECEASED (Type or Print) a. (First) Marjorie b. (Middle) Diane c. (Last) Vick			4. DATE OF DEATH (Month) (Day) (Year) Feb. 17 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 25, 1950	9. AGE (In years last birthday) 22 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXX XXX		10b. KIND OF BUSINESS OR INDUSTRY XXX XXX		11. BIRTHPLACE (State or foreign country) Kansas City Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME William Tollie Vick Jr.		13b. MOTHER'S MAIDEN NAME Marjorie Hazel Brown		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XXX XXXX		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr W.T. Vick: R.R. 11 North K.C.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Congestion		INTERVAL BETWEEN ONSET AND DEATH 2d.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Acute myelogenous leukemia		5 wks.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-16-50** to **2-17-50**, that I last saw the deceased alive on **2-17-50**, and that death occurred at **1:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE John M. Howard (Degree or title)		23b. ADDRESS 1400 E. 31st		23c. DATE SIGNED 2-17-50	
24a. BURIAL, CREMATION (Specify)		24b. DATE Feb. 19 1950		24c. NAME OF CEMETERY OR CREMATORY Macks Cemetery	
24d. LOCATION (City, town, or county) (State) Buffalo Missouri					

DATE REC'D BY LOCAL REG. 2-18-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Family William Vicks North K.C.	
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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.....

.....
working under my personal supervision.

Student
Student Embalmer

not Embalmed
Signed.....
Student Embalmer No.....

Licensed Embalmer No.....

P. O. Address.....

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.