

No. 300
10.48

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37639

State File No. 4681

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyanzette</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u> 8150	
c. LENGTH OF STAY (in this place) <u>8 Days</u>		d. STREET ADDRESS (If rural, give location) <u>434 Armstrong Avenue</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4234 Montgall Kc Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>A.</u> c. (Last) <u>Wick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 1-1951</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 27-1880</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer Retired 8 yrs</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine Engineer</u>			11. BIRTHPLACE (State or foreign country) <u>Clarkeville Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Marion Wick</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Harrison</u>			14. NAME OF HUSBAND OR WIFE <u>Nora Wick</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nora Wick, 434 Armstrong K.C.K</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-Vasc Dis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis General & Coronary.</u> DUE TO (c) <u>Pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>10 yrs.</u> <u>4201</u> <u>5 days</u>	
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>not</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from July, 1947, to Nov 1, 1951, that I last saw the deceased alive on Nov 1, 1951, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robt. J. Boyd M.D. (M.O.)</u> (Degree or title)		23b. ADDRESS <u>217 Plaza Pine Brook Kc</u>		23c. DATE SIGNED <u>Nov 1, 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 3 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarkeville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkeville Arkansas</u>	
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DATE REC'D BY LOCAL REG. <u>11-2-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. A. Butters Sons Kansas City Kansas</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

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 Embalmer No.....

Signed.....

Law Beer

Signed.....
Student Embalmer

Licensed Embalmer No. *3436 Mo.*

P. O. Address *Kansas City Kansas*

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.