

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24450
3047

No. 300
10-48

FILED AUG 4 1952

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

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|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson County</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>23 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>1034 E 5th 3038</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hosp. Med. Center</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Richard</u> b. (Middle) <u>T.</u> c. (Last) <u>Garlick</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-52</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 8. DATE OF BIRTH <u>APRIL 9 1908</u> | 9. AGE (In years last birthday) <u>44</u> IF UNDER 1 YEAR: Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHIPPING CLERK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>WHOLESALE GROCER</u> | 11. BIRTHPLACE (State or foreign country) <u>CHILlicoTHE, MO</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>MO</u> | | | |
| 13a. FATHER'S NAME <u>CHARLES P GARLICK</u> | | 13b. MOTHER'S MAIDEN NAME <u>EFFIE MOORE</u> | 14. NAME OF HUSBAND OR WIFE <u>JANE GARLICK</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. <u>487-09-9745</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JANE GARLICK 1034 E 5th</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatitis - fatty degeneration of liver</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5810</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|---|--|---|
| 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) <u>None</u> | 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 7-1, 1952, to 7-2, 1952, that I last saw the deceased alive on 7-2, 1952, and that death occurred at 12 P. m., from the causes and on the date stated above.

| | | | |
|--|--|---|--|
| 23a. SIGNATURE A. Mortimer Ginsberg MD (degree or title) <u>A. Mortimer Ginsberg MD</u> | | 23b. ADDRESS <u>1103 Grand Ave</u> | 23c. DATE SIGNED <u>7-3-52</u> |
| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL IN</u> | 24b. DATE <u>7-5-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>EDGEWOOD CEM</u> | 24d. LOCATION (City, town, or county) (State) <u>CHILlicoTHE MO</u> |
| DATE REC'D BY LOCAL REG. <u>7-4-52</u> | REGISTRAR'S SIGNATURE <u>Geraldine Helmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SEBBETO'S KCMO</u> | |

(Licensed Embalmer's 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John R. Bidmon

Licensed Embalmer No. *4531*

P. O. Address: *Kansas City, 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.