

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

State File No. **21733**
3060

FILED JUL 9 - 1953

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

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION The Elms Nursing Home | | d. STREET ADDRESS 1310 Armour Blvd. <i>3528</i> | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) ELIZABETH | b. (Middle) D. | c. (Last) SICK | (Month) 6 | (Day) 13 | (Year) 53 |
| 5. SEX Fe | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 10-6-1863 | 9. AGE (In years last birthday) 89 | 10. UNDER 1 YEAR Month _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY xx | 11. BIRTHPLACE (City and State or Foreign Country) Spielberg, Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME John Kienzle | 13b. MOTHER'S MAIDEN NAME Anna Mutschler | 14. NAME OF HUSBAND OR WIFE Wm. F. Sick |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) xx | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ina Lavery, 1302 Benton, KC Mo |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4500 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute dilatation of heart</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) <i>Old age</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1941 to 6-13, 1952, **that I last saw the deceased alive on** 1952, **and that death occurred at** 10:30 A.M. **from the causes and on the date stated above.**

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| 23a. SIGNATURE <i>E. D. Reese, D.O.</i> (Degree or title) 23b. ADDRESS <i>3309 E 12</i> | 23c. DATE SIGNED <i>6-16-53</i> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6-15-53 |
| 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem. | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. |

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|--|---|--|
| DATE REC'D BY LOCAL REG. 6-16-53 | REGISTRAR'S SIGNATURE <i>Geraldine Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>J. W. Wagner</i> ADDRESS K C Mo. |
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(Licensed Embellisher's Statement on Reverse Side)

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

64-1247 - 2:30

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 Alvin R. Haunscher

Licensed Embalmer No. 4159

P. O. Address K. C. Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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