

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5049

State File No. 815

FILED MAR 15 1954

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

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

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1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Seward		
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 3yr-9mo	c. CITY OR TOWN Seward		d. STREET ADDRESS (If rural, give location) Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION Grosse Nursing Home			d. STREET ADDRESS (If rural, give location) Unknown		

3. NAME OF DECEASED (Type or Print) Jessie Schick			4. DATE OF DEATH (Month) (Day) (Year) Feb. 21-1954		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 30-1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Allen S. Anderson	13b. MOTHER'S MAIDEN NAME Sarah Imlay	14. NAME OF HUSBAND OR WIFE RAY P. SCHICK			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hester P. Schick-1725 Eaton Johnson Co. Ks.			
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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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis (B)				INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Heart Art Sclerosis & left hemiparesis	DUE TO (c) None		15 years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				4500

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) 2/20/54	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 **Nov. 1844** to **2/20/54**, 19**54**, that I last saw the deceased alive on **2/20/54**, at **3:00 p.m.**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Theodore A. Coffin (Degree or title) MD	23b. ADDRESS 975 Professional Bldg	23c. DATE SIGNED 2/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 22-1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Seward, Nebraska
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DATE REC'D BY LOCAL REG. 2-22-54	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Nugent Funeral Home K.C. Ks.
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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, ~~and~~.....

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working under my personal supervision.

Student Embalmer No.

Signed Robert Emmet Nugent

Signed.....
Student Embalmer

Licensed Embalmer No. 3491

P. O. Address 1400 Central Ave, S.C.

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.