

17973

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10.48

FILED JUN 28 1954

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>646</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wells Nursing Home</u> <u>701 S. 17th St.</u>				e. STREET ADDRESS (If rural, give location) <u>1808 Mitchell Ave.</u> <u>01170</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Walter</u>		c. (Last) <u>Fick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1954</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>December 27, 1870</u>		9. AGE (In years last birthday) <u>83</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Good Company</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Christian Fick</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Matilda</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>488-14-8930</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L.A. VonArb, 2508 N. 32, St. Joseph, Mo.</u>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbid 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.						INTERVAL BETWEEN ONSET AND DEATH <u>over 2 1/2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>						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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>2-12-52</u> 19 <u>19</u> , to <u>6-15-54</u> 19 <u>19</u> , that I last saw the deceased alive on <u>6-15-54</u> , 19 <u>19</u> , and that death occurred at <u>3:10 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Albert H. Muench M.D.</u>			23b. ADDRESS <u>St. Joseph, S. Mo.</u>			23c. DATE SIGNED <u>6-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>June 24, 1954</u>		REGISTRAR'S SIGNATURE <u>Ether M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hilton-Bassman St. Joseph, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Munnick*

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.....  
Signature of Student Embalmer

Signed..... *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.