

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4801

State File No. ....

FILED MAR 1 1956

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 629

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>12 yrs</b>		d. In 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 <b>4346 Holly</b> (If not in hospital or institution, give street address or location)		e. STREET ADDRESS (If rural, give location) <b>4346 Holly</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>NICHOLAS</b> b. (Middle) <b>GLICK</b> c. (Last) <b>GLICK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 9 56</b>
5. SEX <b>♂</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-18-1891</b>
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Master Serge</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Army</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Mary's, Kansas</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John P. Glick</b>		13b. MOTHER'S MAIDEN NAME <b>Mary D. Buckholz</b>	14. NAME OF HUSBAND OR WIFE <b>Stephanie Glick</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>#1 &amp; 11</b>		16. SOCIAL SECURITY NO. <b>500-28-6053</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Stephanie Glick, 4346 Holly</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of heart embolism</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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 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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:30 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title) <b>3</b>		23b. ADDRESS <b>6627 Pleasant St. Mo.</b>	23c. DATE SIGNED <b>2-10-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-13-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
DATE REC'D BY LOCAL REG. <b>2-11-56</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wagner Funeral Home, Rt 6 Mo.</b>	

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

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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, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Alvin R. Hansen*

Licensed Embalmer No. *410*

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