

Health,
& Welfare
S. Public
th Service

STANDARD CERTIFICATE OF DEATH

36230

STATE FILE NUMBER
4724

FILED NOV 1 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
v. 1-57

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 183 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4204 EAST 54th ST.		Length of stay in 1b 25 YEARS	d. STREET ADDRESS (If outside, give location) 4204 EAST 54th STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last INGOLF CRIST WICK			4. DATE OF DEATH Month Day Year OCT. 6, 1957	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 4, 1901	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER OF WORKING		10b. KIND OF BUSINESS OR INDUSTRY MECHANICAL CONSTRUCTION	11. BIRTHPLACE (City and state or country) WESTERALEN, NORWAY	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME OLAF WICK	13b. MOTHER'S MAIDEN NAME CHRISTINA UNKNOWN	14. NAME OF HUSBAND OR WIFE Ruth Wick
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 495-09-8063		17. INFORMANT Mrs. Ruth Wick Address 4204 EAST 54th STREET KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning		INTERVAL BETWEEN ONSET AND DEATH 895⁺
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Attached hose to exhaust pipe	
20c. TIME OF INJURY 3:15 a.m. - 10-6-57	other end in window of car	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson MO

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **3:15 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner	22b. ADDRESS 1034 Riatts Bldg	22c. DATE SIGNED 10-7-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT-12-1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS Address 13318 Rush Creek Blvd K.C., MO.	25. DATE RECD. BY LOCAL REG. 10-12-57	26. REGISTRAR'S SIGNATURE Neva Minshall
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

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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 *Vern Fowler*

Licensed Embalmer No. *4915*

P. O. Address *47 E 22 Km*

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.