

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008774
STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Claycoma		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Claycoma
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 243 E. Whittier		Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) 243 E. Whittier
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last HENRY C. RICK			4. DATE OF DEATH Month Day Year 3 19 59		
---	--	--	---	--	--

5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-17-1878	9. AGE (In years birthday) 80	FUNDER 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) Glass Grinder		10b. KIND OF BUSINESS OR INDUSTRY Cook Paint	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	--	-------------------------------------

13a. FATHER'S NAME Christian Rick		13b. MOTHER'S MAIDEN NAME Wilhelmina Wetterhaus		14. NAME OF HUSBAND OR WIFE Helena E. Rick	
--------------------------------------	--	--	--	---	--

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. 487-03-1980	17. INFORMANT Address Mrs. Helena E. Rick, Claycoma 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) <i>Unknown</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>thought to be acute coronary occlusion</i> DUE TO (c) <i>4201</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
--	--	--	---	--

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 11:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. J. Stearns</i> (Degree or title) Coroner	22b. ADDRESS North Kansas City, Mo.	22c. DATE SIGNED 3/20/59
---	--	-----------------------------

23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 3-21-59	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
--	----------------------	--	--

24. FUNERAL DIRECTOR Wagner Funeral Home K 6 Mo	25. DATE RECD. BY LOCAL REG. 3-21-59	26. REGISTRAR'S SIGNATURE Marguerite Hudgens
--	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without.

300
1-57

VS
APR 2

1959



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. Haenschel*

Licensed Embalmer No. *4159*
P. O. Address *9 Kansas City*

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.