

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013513
State File No.

FILED MAY 1 1959
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1892

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Dorothy B. Dille

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>63 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Osteopathic</u>		e. STREET ADDRESS (If rural, give location) <u>2518 ROCHESTER</u>	
3. NAME OF DECEASED a. (First) <u>Carl</u> b. (Middle) <u>C</u> c. (Last) <u>Rick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-27-1895</u>
9. AGE (In years last birthday) <u>63</u>		10. AGE (In years last birthday) <u>63</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OSTEOPATHIC HOSP</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PHILIP RICK</u>		13b. MOTHER'S MAIDEN NAME <u>LENA REICH</u>	
14. NAME OF HUSBAND OR WIFE <u>MARTHA E. RICK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>496-09-2122</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARTHA RICK 2518 ROCHESTER</u> ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ather sclerosis</u> 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 <u>4201</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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)		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 <u>4-1-</u> , 19 <u>59</u> , to <u>4-14-</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>4-14-</u> , 19 <u>59</u> , and that death occurred at <u>5:58 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dorothy B. Dille D.O.</u>		23b. ADDRESS <u>620 Dennington K.C. Mo</u>	
23c. DATE SIGNED <u>4-15-59</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-17-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Funeral Home K.C. Mo.</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>4-15-59</u>		REGISTRAR'S SIGNATURE <u>new minshall</u>	



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 *Richard E. Carroll*.....

Licensed Embalmer No. *48*.....

P. O. Address *KCSm*.....

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.