

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1105

345

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

| | | | |
|---|--|---|--|
| 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, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) Life | | d. STREET ADDRESS (If rural, give location) 2626 Campbell | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital | | | |

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|-------------------------------------|-------------------------|----------------------------|------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Homer | b. (Middle) Richard | c. (Last) Dille | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | Jan 22, 1950 |

| | | | | | | | | |
|-----------------|---------------------------|--|---------------------------------------|---|------------------------|----------------------|------|------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Dec. 26, 1892 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Days | Hour | Min. |
|-----------------|---------------------------|--|---------------------------------------|---|------------------------|----------------------|------|------|

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|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | 10b. KIND OF BUSINESS OR INDUSTRY City Clerk's Office | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|--|---|---|

| | | |
|---|---|---|
| 13a. FATHER'S NAME John V. Dille | 13b. MOTHER'S MAIDEN NAME Tennie Carlson | 14. NAME OF HUSBAND OR WIFE Single |
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|---|-------------------------------------|--|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Harry Dille | ADDRESS 2626 Campbell |
|---|-------------------------------------|--|------------------------------|

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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Blood - Ventricular | | INTERVAL BETWEEN ONSET AND DEATH Seconds 10 days 10 yrs ? |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stentless Respiratory dysfunction | | |
| | DUE TO (c) Arteriosclerotic heart disease | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Healed peptic ulcers | | |

| | | |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION H2O | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|---|--|

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|--|--|---|
| 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) County Jackson Mo |
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| | | |
|---|--|---------------------------|
| 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 **Dec - 1949**, **Jan 22 1950**, that I last saw the deceased alive on **Jan 21, 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|--|--|---------------------------------|
| 23a. SIGNATURE Frank B. Leitz (Degree or title) | 23b. ADDRESS 1530 Prof Bldg S.C. Mo | 23c. DATE SIGNED 1-23-50 |
|--|--|---------------------------------|

| | | | |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1/25/50 | 24c. NAME OF CEMETERY OR CREMATORY Memorial | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
|---|--------------------------|--|--|

| | | | |
|---|---|---|--------------------------------------|
| DATE REC'D BY LOCAL REG. 1-24-50 | REGISTRAR'S SIGNATURE Heraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure | ADDRESS Kansas City, Missouri |
|---|---|---|--------------------------------------|

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

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
Student Embalmer

Signed _____

S J Allen

Licensed Embalmer No. *1415*

P. O. Address _____

H C W

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 this body is not embalmed, fact should be so stated above.