

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 26827
3590

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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) OR <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>305 South Lawn</u> <u>3078</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MINNIE</u>		b. (Middle) <u>SOPHIE</u>		c. (Last) <u>DEIL</u>	
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>22</u>		(Year) <u>50</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>3-31-1879</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Deil</u>		13b. MOTHER'S MAIDEN NAME <u>Christel Guenther</u>		14. NAME OF HUSBAND OR WIFE <u>XX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul Stolz, 305 S. Lawn, K.C. Mo.</u>		ADDRESS <u>K.C. Mo.</u>	
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) <u>Pneumonia - Hypostatic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Atherosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hyp. Arteritis</u> <u>Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>15 yrs</u> <u>?</u> <u>? 260X</u>	
19a. DATE OF OPERATION <u>_____</u>		19b. MAJOR FINDINGS OF OPERATION <u>_____</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>_____</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>_____</u>			
22. I hereby certify that I attended the deceased from <u>6-25, 1950</u> , to <u>8-22, 1950</u> , that I last saw the deceased alive on <u>8-21, 1950</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Leitz MD</u> (Degree or title)				23b. ADDRESS <u>1530 Prof. Bldg. Kan. City, Mo.</u>		23c. DATE SIGNED <u>8-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-22-50</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Wagner</u>		ADDRESS <u>K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Grand 1899 - 11/4
N/A 1331
Blair

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Alvin R. Harnoch

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

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