

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33489

State File No.

4206

BIRTH NO. 65152-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 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) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>1414 E 27</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRMOUNT HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DARRELL</u> b. (Middle) <u>DIEDERICH</u> c. (Last) <u>DIEDERICH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1950</u>		
5. SEX <u>U</u> <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>SEPT. 27-1950</u>		9. AGE (In years last birthday) <u>7</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>7</u> Hours <u>7</u> Min. <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>—</u>			

13b. MOTHER'S MAIDEN NAME <u>KATHLEEN DIEDERICH</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>			
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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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FAIRMOUNT HOSPITAL-1414E 27</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyogenic meningitis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spinal lipid (meningocele) (congenital defect)</u> DUE TO (c) <u>—</u>				<u>4 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) m.		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 7-27-50, 1950, to 10-3-50, 1950, that I last saw the deceased alive on 10-3-50, 1950, and that death occurred at 11:58 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gord J. Lowrey M.D.</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1103 Grand St. K.C. Mo</u>		23c. DATE SIGNED <u>10-9-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct 6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Estichman Mills Mo</u>	
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DATE REC'D BY LOCAL REG. <u>10-5-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. P. Doehner 1415 E 15</u>	
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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.....

not embalmed

Student Embalmer No.

working under my personal supervision.

Signed.....

J P Doshier

Signed.....

Student Embalmer

Licensed Embalmer No.

1166

P. O. Address.....

1415 E 15

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.