

FILED NOV 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33523**  
**4547**

|  |                                  |   |   |   |  |   |  |
|--|----------------------------------|---|---|---|--|---|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>   |                                  | c. LENGTH OF STAY (In this place)<br><u>one day</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |  | 7180  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Marys Hospital</u>   |                                  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>1425 North 25th.</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Harry</u>  |                                  |   | b. (Middle) <u>H.</u>                       |   | c. (Last) <u>Dibble</u>                            |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>10- 21 51</u> |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>  |   | 8. DATE OF BIRTH<br><u>Unknown</u>  | 9. AGE (In years last birthday)<br><u>86 ?</u>     | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>R.R. Switchman</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Retired</u>   |   | 11. BIRTHPLACE (State or foreign country)<br><u>New York, N. Y.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  |
| 13a. FATHER'S NAME<br><u>Unknown</u>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u> |   | 14. NAME OF HUSBAND OR WIFE<br><u>Julia Dibble</u> |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>—</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Ethel M. Eguex Dumont, N. J.</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure and cerebral thrombosis</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>generalized arteriosclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>embolic gangrene of the left leg</u> |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>not known</u><br><br><u>332X</u><br><br><u>not known</u> |  |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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)  |                                  | 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>Oct. 20</u> , 19 <u>51</u> , to <u>Oct. 21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct. 21</u> , 19 <u>51</u> , and that death occurred at <u>7:35 P</u> m., from the causes and on the date stated above. |                                  |   |   |   |  |   |  |
| 23a. SIGNATURE <u>J. E. Castles</u> (Degree or title)<br><u>J. E. Castles M.D.</u>   |                                  |   |   | 23b. ADDRESS <u>1002 Argyle Building</u><br><u>Kansas City, Missouri</u>  |  | 23c. DATE SIGNED<br><u>10/23/51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Cremation</u>  |                                  | 24b. DATE<br><u>10-24-51</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mc. Moriah ELMWOOD</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Mo.</u>                         |  |
| DATE REC'D BY LOCAL REG.<br><u>10-25-51</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>Seraldine Holmes</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Melody-McGilley-Eylar</u>  |  | ADDRESS<br><u>KCMO.</u>   |  |

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

Dr. Coetle - Anzyle - 1pm

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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.....

*A. J. Stitt*

Student Embalmer No. *425*

working under my personal supervision.

Student *Adrian J. Stitt*

Student Embalmer

Signed

*Glen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Ransom City, Mo.*

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.