

FILED JUL 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20757
Registrar's No. 273

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		REGISTRAR'S NO. 273	
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) Independence		c. LENGTH OF STAY (in this place) 47 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Independence 0485		d. STREET ADDRESS (If rural, give location) 24 Highway + Duwall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 Highway + Duwall				d. STREET ADDRESS (If rural, give location) 24 Highway + Duwall			
3. NAME OF DECEASED (Type or Print) a. (First) William Lewis b. (Middle) Dimouah c. (Last) Dimouah			4. DATE OF DEATH June 23-52 (Month) (Day) (Year)				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Mar 14-1882		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator			10b. KIND OF BUSINESS OR INDUSTRY Planing Mill		11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Lewis C. Dimouah		13b. MOTHER'S MAIDEN NAME Louisa Termer		14. NAME OF HUSBAND OR WIFE Euna Dimouah			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Euna Dimouah			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X				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 June 18, 1952, to June 23, 1952, that I last saw the deceased alive on June 18, 1952, and that death occurred at 3 a. m., from the causes and on the date stated above.							
23. SIGNATURE (Name or title) Fred J. Gammara Do				23b. ADDRESS Martin Bldg - Indep Mo.		23c. DATE SIGNED 6-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 26th	24c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery		24d. LOCATION (City, town, or county) Independence		(State)
DATE REC'D BY LOCAL REG. 6-26-52		REGISTRAR'S SIGNATURE James K. ...		25. FUNERAL DIRECTOR'S SIGNATURE Ott + Mitchell		ADDRESS Indep. Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

485
VI

JUN 12 1958

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry A. Mitchell

Licensed Embalmer No. 3925

P. O. Address Ludwig 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.