

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8820

State File No.

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 334

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Buchanan</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Buchanan</u>
c. LENGTH OF STAY (in this place) <u>32 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2703 Locust St.</u> <u>0</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Wiley</u>	b. (Middle) <u>Chapman</u>	c. (Last) <u>Dittmoree</u>	(Month) <u>March</u>	(Day) <u>7</u>	(Year) <u>1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 18, 1885</u>		9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packing plant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Troy, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>H. A. Dittmoree</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Myers</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy</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>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Daisy Dittmoree</u>	ADDRESS <u>2703 Locust St. Joseph</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive heart disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>congestive heart failure</u>		<u>unk.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>443 X</u>
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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?
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22. I hereby certify that I attended the deceased from 12-4-52, 1952, to 3-7-53, 1953, that I last saw the deceased alive on 3-7-53, 1953, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Handley</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>511 Physician & Surgeons, Bldg., St. Joseph, Missouri</u>	23c. DATE SIGNED <u>3-7-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/9/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Troy, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>March 12, 1953</u>	REGISTRAR'S SIGNATURE <u>Shirley P. Baluak</u> <i>Deputy Registrar</i>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. Keaton</u>	ADDRESS <u>Keaton Funeral Home</u> <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James P. Hawkins
Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. J. Jones

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.