

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED SEP 15 1953

State File No.

4151

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) over 5 yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 8045 Brooklyn Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) LEWIS c. (Last) Dalrymple		4. DATE OF DEATH (Month) (Day) (Year) August 21 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30, 1909
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COST ACCOUNTANT	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COST ACCOUNTANT		10b. KIND OF BUSINESS OR INDUSTRY ATOMIC ENERGY CORP. BOMBIC AVIATION PLANT	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME C H DALRYMPLE		13b. MOTHER'S MAIDEN NAME BETTIE OWEN	14. NAME OF HUSBAND OR WIFE MRS. ELEANOR DALRYMPLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-09-8831	17. INFORMANT'S SIGNATURE OR NAME MRS. ELEANOR DALRYMPLE
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) Carcinoma of lung with metastases. Primary site und. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 165X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of lung.	
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>Pathologist</u> , 19 <u>53</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u> </u> , 19 <u>53</u> , and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Roy F. Drake		23b. ADDRESS 3414 Telephone Building	
23c. DATE SIGNED 8-22-53		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG-24-1953	
24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY		24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
DATE REC'D BY LOCAL REG. 8-24-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE DW. Newcomer		25. FUNERAL DIRECTOR'S SIGNATURE 3133 Broadway	

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

Apr 15-77
3 o'clock
30

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
Signature of Student Embalmer

Signed *Robert G. Boyer*

Licensed Embalmer No. 489

P. O. Address K. C. 10,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.