

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30551

4141

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4141</u>			
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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>5 months</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				STREET ADDRESS (If rural, give location) <u>43 708 East 27th St. Terrace</u> <u>34380</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>L.</u> c. (Last) <u>Dishinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 28, 1954</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>June 26, 1896</u>			
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>			11. BIRTHPLACE (City and State or Foreign Country) / <u>Deputy, Indiana</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Tull A. Dishinger</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Law</u>			
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>					
16. SOCIAL SECURITY NO. <u>487019287</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Official Records, VA Hospital, K.C., Mo.</u> ADDRESS _____					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE</u>  ANTECEDENT CAUSES DUE TO (b) <u>Esophageal varices</u> DUE TO (c) <u>Cirrhosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary tuberculosis, congestion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 hour</u>  <u>2 years</u>  <u>5810A</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>and edema</u>				20. AUTOPSY? YES <input checked="" 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) (Min.) _____		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>April 6, 1954</u> , to <u>August 28, 1954</u> , <u>that/that/she/they life/deceased/died</u> / <u>died by</u> <u>VA</u> <u>and that death occurred at</u> <u>4:00p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dorthea Weybright, MD</u>				23b. ADDRESS <u>VAH, K.C., Mo.</u>		23c. DATE SIGNED <u>8-29-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>AUG 30, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>HANOVER INDIANA</u>			
DATE REC'D BY LOCAL REG. <u>8-29-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ch. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD  
Dorthea Weybright MD

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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.....  
Signature of Student Embalmer

Signed..... *Basil W. Honey*

Licensed Embalmer No. *47*

P. O. Address *J.C.,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.