

FILED DEC 27 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **40891**Registrar's No. **5570**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <b>5570</b>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>7323 Wayne</b>				STREET ADDRESS (If rural, give location) <b>7323 Wayne</b>			
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>Katy</b>		b. (Middle) <b>J.</b>		c. (Last) <b>DIEHL</b>	
				<b>4. DATE OF DEATH</b>		(Month) (Day) (Year) <b>Dec. 4, 1954</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Never married</b>	<b>8. DATE OF BIRTH</b> <b>4-16-85</b>		<b>9. AGE</b> (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kansas City, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Henry Diehl</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rose Mahon</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. F. C. Inzerillo, 7323 Wayne, KC, Mo.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>				<b>16 hrs.</b>	
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Hypertension</b>		<b>11 yrs.</b>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Arteriosclerosis</b>		<b>11 yrs.</b>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> -Conditions contributing to the death but not related to the disease or condition causing death.		<b>Epilepsy</b>		<b>69 yrs.</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from _____, 19<u>24</u>, to <u>Dec 4</u>, 19<u>54</u>, that I last saw the deceased alive on <u>Dec 4</u>, 19<u>54</u>, and that death occurred at <u>5 a.</u> m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <b>Earl W. Smith</b> (Degree or title) <b>Dr. Earl H. Smith M.D.</b>				<b>23b. ADDRESS</b> <b>2379 Katy Bldg. K.C. Mo</b>		<b>23c. DATE SIGNED</b> <b>Dec 4/54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>12-7-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. St. Mary's</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Missouri</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>12-4-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>neva minshall</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Melody-McGilley-Bylar, Kansas City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

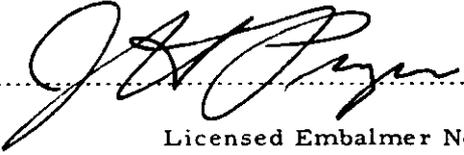
Dr. Earl W. Smith  
237 Werby Bldg.  
39th St. & Main

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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 ..... 

Licensed Embalmer No. *5272*

P. O. Address *1000*

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.