

FILED DEC 27 1954

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40901**
Registrar's No. **5571**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) **36 yrs.**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3035 Harrison** STREET ADDRESS (If rural, give location) **11307 3035 Harrison**

3. NAME OF DECEASED (Type or Print)
a. (First) **August** b. (Middle) **L.** c. (Last) **DRESSSELHAUS**
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 3, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **8-13-96** 9. AGE (In years last birthday) **58** 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) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Insurance**
11. BIRTHPLACE (City and State or Foreign Country) **Bennett, Iowa** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **August Dresselhaus** 13b. MOTHER'S MAIDEN NAME **Philhelmina Slater** 14. NAME OF HUSBAND OR WIFE **Margaret V. Dresselhaus**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW-I** 16. SOCIAL SECURITY NO. **486-09-7430** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Margaret V. Dresselhaus** ADDRESS **3035 Harrison**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral vascular hemorrhage at once**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) **High blood pressure** 10 yrs.
DUE TO (c) **Arterio Sclerosis** 10 yrs.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **331X**
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May, 1945**, to **Dec 3, 1954**, that I last saw the deceased alive on **Dec 27, 1954**, and that death occurred at **2:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **E. K. Robinson, MD** 23b. ADDRESS **1228 Professional Bldg.** 23c. DATE SIGNED **12-4-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-6-54** 24c. NAME OF CEMETERY OR CREMATORY **Mount Olivet** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **12-4-54** REGISTRAR'S SIGNATURE **Neva Minshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Melody-McGilley-Eylar** ADDRESS **Kansas City, Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
E. K. Robinson

Mr. H. H. Robinson

Pres. Bldg.

11:30 to 1:15

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 Ivan Miller, Student Embalmer No. 507 working under my personal supervision.

Student Ivan C. Miller
Signature of Student Embalmer

Signed Arthur Eugene Naas

Licensed Embalmer No. 491

P. O. Address H. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.