

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1110

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN MISSOURI CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 2 months		STREET ADDRESS (If rural, give location) 6000			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) WILLIAM		b. (Middle) (NMI)	c. (Last) DIRCK		(Month) (Day) (Year) JANUARY 6, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1889	9. AGE (To years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Manuel J. Dirck		13b. MOTHER'S MAIDEN NAME Emma Meyers		14. NAME OF HUSBAND OR WIFE Fannie	
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. 495-07-1665		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Official VA Hospital Records, K. C. Mo.	

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) Pulmonary congestion			INTERVAL BETWEEN ONSET AND DEATH 4 days
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac hypertrophy			5 years
		DUE TO (c) H ypertensive cardiovascular disease			10 years
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis			443X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Minute) VA		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 **November 6, 1954**, to **January 6, 1955** and that death occurred at **8:40 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) DOROTHEA WEBB BRIGHT, M.D.		23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 1-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Missouri City Cemetery Missouri City Missouri	
24d. LOCATION (City, town, or county) (State) Missouri Missouri		25. FUNERAL DIRECTOR'S SIGNATURE D. J. Newcome's Sons - Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 1-8-55		REGISTRAR'S SIGNATURE neva minshall		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Richard L. Rogers

Licensed Embalmer No. 495

P. O. Address *H. L. 20*

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