

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8177

State File No.

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1318

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If ^{at} residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3316 WABASH</u>		STREET ADDRESS (If rural, give location) <u>3316 WABASH</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIA</u> b. (Middle) _____ c. (Last) <u>DIRLAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 22 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 8, 1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAUNDRY Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOTEL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MISSOURI</u>
13a. FATHER'S NAME <u>STILLWELL DIRLAM</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA HUFFORD</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. ROSE E. DIRLAM</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-03-1077</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ROSE E. DIRLAM, 3316 WABASH, K.C.MO.</u>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 p. m., from the causes and on the date stated above.

23. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Rev. Charles J. Schepker</u>	23b. ADDRESS <u>6627 Pleasant Hill</u>	23c. DATE SIGNED <u>3-23-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 24 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-24-55</u>	REGISTRAR'S SIGNATURE <u>Gene Marshall</u>	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>1331 South Creek KC Mo</u>

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. 7*.....

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.