

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8639

STATE FILE NUMBER

1128

FILED MAR 26 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1128

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4123 Independence</u>			Length of stay in <u>25 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>3230 Cleveland</u>	
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>HENRICH</u> Last <u>DRESSELHAUS</u>			4. DATE OF DEATH Month <u>March</u> Day <u>10</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 15 1878</u>		9. AGE (In years last birthday) <u>78</u>
WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	IF UNDER 1 YEAR Months <u>7</u> Days <u>8</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Ripley County, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13. FATHER'S NAME <u>Unknown Dresselhaus</u>			14. MOTHER'S MARDEN NAME <u>Elyzabeth Unknown</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 050079</u>	17. INFORMANT Address <u>John Dresselhaus 3230 Cleveland</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac disease, coronary sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	DUE TO (c) <u>Hypertension</u>		<u>4201</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>11:30</u> Month <u>A</u> Day <u>11</u> Year <u>1957</u> a. m. <u>0</u> p. m. <u>0</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>3-1-57</u> to <u>3-4-57</u> and last saw <u>him</u> alive on <u>3-4-57</u> Death occurred at <u>11:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>L. E. Riller, M.D.</u>			22b. ADDRESS <u>K. C. 6, Two</u>		22c. DATE SIGNED <u>3-11-57</u>
23a. BURIAL, CREMATION, OR MOVING (Specify)	23b. DATE <u>March 12 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Higginville City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Higginville Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Kilbe Funeral Home 2315 Pinewood</u>			25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE <u>3-11-57 neva minshall</u>		

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Doctor, coroner, etc. must use only standard nomenclature when certifying to a death due to natural causes.

L. E. Riller

909
2-5-
1917

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 *Chas E. Welles*

Licensed Embalmer No. *267*

P. O. Address *19 C. M. L.*

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.