

pt. Health,
, & Welfare
S. Public
th Service

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40300

STATE FILE NUMBER
5383

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. 5383

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		d. STREET ADDRESS 3819 Washington	

3. NAME OF DECEASED (Type or print) First AGNES Middle M. Last DREYER			4. DATE OF DEATH Month 11 Day 13 Year 57		
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5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-6-1883	9. AGE (In years less birthday) 74	10. FUNDER 1 YEAR Months 11 Days 13 Hours 57	11. IF UNDER 24 HRS. Hours 57 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME No Record	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Louis G. Dreyer
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Elizabeth Dunlap, 9618 High Dr.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency, Arterio Sclerosis and acute myocardial infarct. 2 wgs.		INTERVAL BETWEEN ONSET AND DEATH 4 wgs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive arterio sclerosis associated	
	DUE TO (c) with Calcification of Dorsal Abdominal Aorta	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple Sclerosis of Colon		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.)
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20c. TIME OF INJURY Hour 4:50 Month, Day, Year 11-13-57 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WORK <input checked="" type="checkbox"/> WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 1917 to 1957-11-13 and last saw her alive on 11-12-57 Dr. A.M. Death occurred at 4:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) W.A. Myers M.D.	22b. ADDRESS 1115 Grand Ave. Mo	DATE SIGNED 11-14-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-15-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	23d. LOCATION (City, town, or county) Kansas City	(State) Kansas
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24. FUNERAL DIRECTOR Magner Funeral Home, K G Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-14-57	26. REGISTRAR'S SIGNATURE Neva Marshall
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

W. A. MYERS MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



11-2-39

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 *Thomas O. Kachle*

Licensed Embalmer No. *4995*

P. O. Address *K.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.