Health, Welfare Public Service

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005462
STATE FILE NUMBER 791

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3934 Flora Ave. — Length of stay in 1b 38 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3934 Flora Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First RACHEL Middle P. Last DINSMORE
4. DATE OF DEATH Month Feb. Day 13th Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH April 23, 1866
9. AGE (In years last birthday) 91 — 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) At home
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and state or country) Chariton County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Dr. Luther Rice Perkins
13b. MOTHER'S MAIDEN NAME Mary Carson
14. NAME OF HUSBAND OR WIFE John James Dinsmore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ~~None~~
16. SOCIAL SECURITY NO. 492-18-9202
17. INFORMANT Mrs. E. W. Hudson, Address 3934 Flora Ave. K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INANITION — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ENCEPHALOMALACIA — 2 YRS.
DUE TO (c) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — 5 YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 5-15-55, to 2-13-58 and last saw her alive on 2-12-58
Death occurred at 4:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE James W. Fowler (Degree or title) M.D.
22b. ADDRESS 1103 GRAND AVE. KANSAS CITY, MO.
22c. DATE SIGNED 2-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Feb. 15, 1958
23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery
23d. LOCATION (City, town, or county) (State) Keytesville, Missouri
24. FUNERAL DIRECTOR FREEMAN MORTUARY, ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 2-14-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

James W. Fowler

FRI. BA.1-0630

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 Clayton H. Barnes

Licensed Embalmer No. 4793

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.