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

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v. 1–57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58–025447

STATE FILE NUMBER 3607

FILED AUG 15 1958 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 ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) OSTEOPATHIC HOSPITAL — Length of stay in 1b 15 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE NEBRASKA b. COUNTY MADISON
c. CITY OR TOWN NORFOLK 68608 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 403 SO. FIRST STREET — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle D. Last DIRKSCHNEIDER
4. DATE OF DEATH Month JULY Day 25 Year 1958
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH MARCH 14, 1909
9. AGE (In years last birthday) 49 — 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) INSPECTOR
10b. KIND OF BUSINESS OR INDUSTRY CITY OF NORFOLK
11. BIRTHPLACE (City and state or country) DODGE, NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HERMAN DIRKSCHNEIDER
13b. MOTHER'S MAIDEN NAME ANNA KUEHLER
14. NAME OF HUSBAND OR WIFE ADELINE DIRKSCHNEIDER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT MRS ADELINE DIRKSCHNEIDER Address 403 SOUTH FIRST ST. NORFOLK NEBRASKA

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) Malnutrition Jaundice Hemorrhagic Diathesis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma of Liver
DUE TO (c) due to Carcinoma of Pancreas (Body & Tail)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 157X
INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 July 11-58 to July 25-58 and last saw ~~her~~ him alive on July 25, 1958
Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John E. Cavanaugh (Degree or title) D.O.
22b. ADDRESS 314 Main St. Belton, Mo
22c. DATE SIGNED 7/26/58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE JULY 26-1958
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) NORFOLK (State) NEBRASKA

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 7-16-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John E. Cavanaugh

B
A

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 .....

Licensed Embalmer No. 4421

P. O. Address Kansas City

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.