Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005514
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 921

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 St. Lukes Hospt. — Length of stay in Hospital 63 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) 4400 Jarboe — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First Ruth Middle G. Last Dimmitt
4. DATE OF DEATH: Month Feb. Day 15 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: Oct. 2, 1893
9. AGE (In years last birthday): 65 — 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): Ret. Chief Operator
10b. KIND OF BUSINESS OR INDUSTRY: SW Bell Tele.
11. BIRTHPLACE (City and state or country): Wichita, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: William V. Eversole
13b. MOTHER'S MAIDEN NAME: Flora Knox
14. NAME OF HUSBAND OR WIFE: Byron C. Dimmitt
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. 510-07-1695
17. INFORMANT: Mr. Byron C. Dimmitt (Husband) Address: 4400 Jarboe KC 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) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis — 12 mos.
DUE TO (c) Carcinoma, Transverse Colon — 26 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis - generalized.
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 2-22-57, to 2-15-59 and last saw her/him alive on 2-15-59.
Death occurred at 11:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R Byers M.D. (Degree or title)
22b. ADDRESS: 4635 Wyandotte K.C. Mo
22c. DATE SIGNED: 2/17/59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 18, 1959
23c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR: Simmons Funeral Home KCK — ADDRESS
25. DATE RECD. BY LOCAL REG.: 2-18-59
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.

P. L. Byers

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. 4555

P. O. Address K.C. Ks

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.