

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 19 1960

=60-018733

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GLADSTONE</u>		c. CITY OR TOWN <u>GLADSTONE</u>	
Length of stay in 1b <u>50yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2504 East 60th North</u>		d. STREET ADDRESS (If outside, give location) <u>2504 E. 60th NORTH</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES EDWARD DREILING</u>			4. DATE OF DEATH Month Day Year <u>5 4 1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 25 1908</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired mgr</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Consolidated Grocers</u>		11. BIRTHPLACE (City and state or country) <u>VICTORIA KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>ANTHONY J. DREILING</u>		13b. MOTHER'S MAIDEN NAME <u>MARIA GERSTNER</u>	
14. NAME OF HUSBAND OR WIFE <u>SARAH DREILING</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>487 074737</u>	
17. INFORMANT <u>Mrs Kathryn Garwood</u>		Address <u>Liberty, Mo.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY ATHEROSCLEROSIS</u> DUE TO (c) <u>GENERALIZED ATHEROSCLEROSIS</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>July 1956</u> to <u>APRIL 1960</u> and last saw him alive on <u>4/22/60</u> Death occurred at <u>11:45</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Forrest H. Stearns, D.D.</u>	22b. ADDRESS <u>5932 ANTONIA. K.S.N. 19, Mo.</u>	22c. DATE SIGNED <u>5/4/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-7-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>
23d. LOCATION (City, town, or county) <u>Kansas City Missouri</u>		23e. REGISTRAR'S SIGNATURE <u>Alice Humphries, Dep.</u>
24. FUNERAL DIRECTOR <u>Floral Hills Memorial Chapels, Inc</u>	ADDRESS <u>Ke. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-5-1960</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

10981 8 T 1814

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Forrest D. Coldman

Licensed Embalmer No. 4714

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.