SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-021565

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 330

FILED JUN 27 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence San. & Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Independence
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 11534 East 10th
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Louie Middle: John Last: Dimmel

4. DATE OF DEATH Month: June Day: 22 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-23-1888

9. AGE (last birthday): 73

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weilder

10b. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co

11. BIRTHPLACE (City and state or country): Dettingen Germanya

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Dimmel

13b. MOTHER'S MAIDEN NAME: Katherine Weible

14. NAME OF HUSBAND OR WIFE: Elizabeth Dimmel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Elizabeth Dimmel Address: 11534 East 10th Indep.

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) Heart Block — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Aortic Stenosis — 5 years

DUE TO (c) Cardiac Hypertrophy — 5 years

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. ☐ Yes ☐ No ☐ Unknown

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 6/19/61, to 6/22/61 and last saw ~~him~~ alive on 6/22/61

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred W. Link M.D. (Degree or title)

22b. ADDRESS 1029 Indep. Ave Indep

22c. DATE SIGNED 6-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 24 1961

23c. NAME OF CEMETERY OR CREMATORY: Mound Grove Cemetery

23d. LOCATION (City, town, or county) (State): Independence Missouri

24. FUNERAL DIRECTOR ADDRESS: Roland R Speaks Funeral Home Independence

25. DATE REC'D BY LOCAL REG.: 6-23-61

26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1967

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 3604

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.