

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022990

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3308

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 16 1962**

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>few hours</u>	c. CITY OR TOWN <u>Kansas City</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>LaFiesta Ballroom 4050 1/2 Main St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5046 Speaker Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MILTON</u> Middle <u>G.</u> Last <u>DREYER</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</u> , Year <u>1962</u>		
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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>2/27/1896</u>	9. AGE (last birthday) <u>65 66</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dreyer Sand Plant</u>	11. BIRTHPLACE (City and state or country) <u>Wyandotte Co., Kas.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Frederick W. Dreyer</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Knitter</u>	14. NAME OF HUSBAND OR WIFE <u>Winifred Dreyer</u>
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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>  </u>	17. INFORMANT <u>Winifred Dreyer - 5046 Speaker Rd</u> Address <u>  </u>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>  </u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>  </u>	
	DUE TO (c) <u>  </u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>  </u>	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
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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.) <u>  </u>
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20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	Month, Day, Year <u>  </u> <u>  </u> <u>  </u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>	20f. CITY, TOWN, OR LOCATION <u>  </u>	COUNTY <u>  </u>	STATE <u>  </u>
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21. I attended the deceased from 4-19-57 to 6-22-62 and last saw her/him alive on 6-15-62  
Death occurred at 6-22-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Of decedent or title) <u>Harry W King MD</u>	22b. ADDRESS <u>1014 W Washington Blvd Kansas City, Kansas</u>	22c. DATE SIGNED <u>6/23/62</u>
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23a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>
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24. GENERAL DIRECTOR <u>Simmons Funeral Home</u>	ADDRESS <u>  </u>	25. DATE RECD. BY LOCAL REG. <u>6-23-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth H. Long</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Harry W. King MEDICAL CERTIFICATION MD

VS 300
Rev. 4/59
1
2 <u>8150</u>
3
4 <u>0</u>
5 <u>1</u>
6
7 <u>1</u>
8 <u>2</u>
9 <u>420.1</u>
10
11
12 <u>1291-0</u>
13

A. H. W. King  
1014 W. Washington Blvd.

**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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address Indep, 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.