

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4188

State File No.

FILED FEB 21 1950

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4098</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>			c. LENGTH OF STAY (in this place) <u>18 mo</u>					
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u>		b. (Middle) <u>KERCHEVALL</u>		c. (Last) <u>DRESSER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 13, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 8, 1885</u>		9. AGE (in years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	
IF UNDER 2 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Frankford, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Krigbaum</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Danforth</u>		14. NAME OF HUSBAND OR WIFE <u>Roy B. Dresser</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy B. Dresser Belton, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LEUKEMIA, MYELOGENOUS, CHRONIC</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>(1) Cardiac dilatation, chronic.</u> <u>(2) Sudden ather, chronic</u> <u>(3) Cholecystitis + Adenitis, chronic</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 YRS.</u> <u>2041</u>
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BELTON, CASS, MISSOURI</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Not attended during life</u> , 19 <u> </u> , that I last saw the deceased alive on <u>Not seen alive</u> , and that death occurred at <u>10:45 P m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Herbert A. Tracy, M.D.</u>				23b. ADDRESS <u>BELTON, MISSOURI</u>		23c. DATE SIGNED <u>2/14/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Removal to Walnut, Iowa</u>		24d. LOCATION (City, town, or county) (State) <u>walnut Iowa.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51 <u>51</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.K. Young & Sons Belton, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 21 1950

100-100000

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
Student Embalmer

Signed Richard E. Hoyle

Licensed Embalmer No. 3958

P. O. Address Boston, Ma.

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 this body is not embalmed, fact should be so stated above.