

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40666  
Registrar's No. 5095

4

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

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5095</u>	
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, write RURAL and give township) OR TOWN <u>Kansas City, 512 Woodland</u>		c. LENGTH OF STAY (In this place) <u>1 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethel, Kansas 8154</u> Route <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Place Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>8</u> <u>on Stover Rd. North of No. 5</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELMIRA</u>		b. (Middle) <u>JOSEPHINE</u>		c. (Last) <u>DIETZEL</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 5, 1867</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		9. AGE (In years last birthday) <u>83</u>		9. AGE (In years) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) <u>Kickapoo, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Stiltz</u>		13b. MOTHER'S MAIDEN NAME <u>Elmira Stiltz</u>	
14. NAME OF HUSBAND OR WIFE <u>Conrad Dietzel</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest B. Dietzel, son</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  ANTECEDENT CAUSES <u>Arteriosclerosis</u> 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>45</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>4-10-50</u> , 19 <u>50</u> , to <u>12-1-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-1-50</u> , 19 <u>50</u> , and that death occurred at <u>12:56 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Paul Lorenzans</u> (Degree or title)				23b. ADDRESS <u>428 South White Ave</u>		23c. DATE SIGNED <u>12-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>12-3-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Werner Mortuary</u>		ADDRESS <u>K.C. Kans.</u>	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *John Chick Werner*

Licensed Embalmer No. *2598*

P. O. Address *Homer City Kansas*  
*1734 Wash. Blvd.*

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.