

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

545

State File No.

235

No. 300
10.48

FILED FEB 10 1951

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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|---|--|---|--|
| 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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>WORTH KANSAS CITY 9 YEARS</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>WORTH KANSAS CITY</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R II</u> | | d. STREET ADDRESS (If rural, give location) <u>R II</u> | |

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|---|---|---|--|--|--|--------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>C</u> c. (Last) <u>DIMOUZSH</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-16-51</u> | | | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u> | 8. DATE OF BIRTH <u>1959</u> | 9. AGE (In years last birthday) <u>92</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired 14 years</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>WILLIAM DIMOUZSH</u> | 13b. MOTHER'S MAIDEN NAME <u>Gertrude</u> | 14. NAME OF HUSBAND OR WIFE <u>LOUISE DIMOUZSH</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs A. W. Pearson R II</u> |
| ADDRESS <u>WORTH, K.C.M.</u> | | |

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|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> | | <u>350 X</u> |
| | DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan 13, 1949, to Jan 16, 1951, that I last saw the deceased alive on Jan 13, 1951, and that death occurred at 2 m., from the causes and on the date stated above.

| | | |
|---|--|---|
| 23a. SIGNATURE <u>Bernard L. Mullins M.D.</u> (Degree or title) | 23b. ADDRESS <u>1902 Smith St. W.K.C.</u> | 23c. DATE SIGNED <u>1-16-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-18-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>mt. Washington</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Neukowicz Son</u> |
| DATE REC'D BY LOCAL REG. <u>1-17-51</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Raymond Daniel*

Licensed Embalmer No. *4702*

P. O. Address *Tenn. Co. 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 this body is not embalmed, fact should be so stated above.