S. No. 300
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FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4120

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5-226 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Mt. Pleasant
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2½ miles south, Belton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural, Mt. Pleasant 0190 0
d. STREET ADDRESS (If rural, give location): 2½ miles south, Belton

3. NAME OF DECEASED (Type or Print): a. (First) JULIUS b. (Middle) JACOB c. (Last) DIMOUSH
4. DATE OF DEATH (Month) (Day) (Year): 2-17-1951
5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4-8-1861
9. AGE (In years last birthday): 89 — If under 1 year: Months / Days — If under 1 day: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardwood finisher
10b. KIND OF BUSINESS OR INDUSTRY: cabinet shop
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: Myers
14. NAME OF HUSBAND OR WIFE: Mary I. Dimoush
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Edward Dimoush — ADDRESS: Belton, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) infirmities of age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) — 794X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1951, *to* Feb 17, 1951, *that I last saw the deceased alive on* Feb 17, 1951, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. W. Mosher (Degree or title) D.O. 2
23b. ADDRESS: Belton Mo
23c. DATE SIGNED: 2/19/51
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-19-1951
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.
DATE REC'D BY LOCAL REG.: Feb 19, 1951
REGISTRAR'S SIGNATURE: Lorna J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE: E. K. George & Sons — ADDRESS: Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 26 1951
HEALTH DEPARTMENT

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 Richard E. George

Signed.....
Student Embalmer

Licensed Embalmer No. 3958

P. O. Address Belton, 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.