

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34951**  
**4526**

FILED NOV 8 1952

BIRTH NO. 68463 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Memaha</u>   |  |
| b. CITY OR TOWN <u>Kansas City</u>  |  | c. CITY OR TOWN <u>Seneca</u>   |  |
| c. LENGTH OF STAY (In this place) <u>life</u>   |  | X <u>8159</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>  |  | d. STREET ADDRESS (If rural, give location) <u>414 Lorraine</u>   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Dennis</u>  |  | a. (First) _____ b. (Middle) _____ c. (Last) <u>Diggs</u>   | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 52</u>                                      |
| 5. SEX <u>male</u>  | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>   | 8. DATE OF BIRTH <u>10-16-52</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>                         |
| 13a. FATHER'S NAME <u>Glen Eldon Diggs</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Joyce Annett Kerr</u>  | 14. NAME OF HUSBAND OR WIFE <u>None</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 ADDRESS <u>Mr. Glen Diggs, 414 Lorraine, Seneca, Mo.</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> 4 1/2 months<br>INTERVAL BETWEEN ONSET AND DEATH _____<br>ANTECEDENT CAUSES<br>DUE TO (b) <u>unknown</u><br>DUE TO (c) <u>unknown</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>/</u>   | 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) <u>no</u>   | 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>10-16</u> 19 <u>52</u> , to <u>10-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-16</u> 19 <u>52</u> , and that death occurred at <u>5:30</u> p. m., from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE <u>M. B. Casabolt</u> (Degree or title) <u>MD</u>  |  | 23b. ADDRESS <u>4006 Baltimore</u>  | 23c. DATE SIGNED <u>10-16-52</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  | 24b. DATE <u>10-17-52</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u>   | 24d. LOCATION (City, town, or county) (State) <u>Seneca, Kansas</u>                        |
| DATE REC'D BY LOCAL REG. <u>10-17-52</u>  | REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cyril Lamer, Seneca, Kansas</u>   |  |

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

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.