No. 300
10.48

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23165

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3018

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Grandview
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): R # 2

3. NAME OF DECEASED (Type or Print)
a. (First): DEWEY
b. (Middle): PRESTON
c. (Last): STOGSDILL

4. DATE OF DEATH (Month) (Day) (Year): June - 29 - 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 4 - 1919
9. AGE (In years last birthday): 34
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): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Gold-Chl-Tool & Dye
11. BIRTHPLACE (City and State or Foreign Country): Camden, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benjamin STOGSDILL
13b. MOTHER'S MAIDEN NAME: Ellen Kelsay
14. NAME OF HUSBAND OR WIFE: Wilma M. Stogsdill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-18-2149
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Wilma Stogsdill
ADDRESS: Grandview, Mo.

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): Chronic Rheumatic Heart Disease — 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): Auricular Fibrillation & Congestive Failure
DUE TO (c): Aortic & Mitral Stenosis & Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(Autopsy Revealed Very Large Intramural Auricular Thrombus (Heart)) — 410.X

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* June 3, 1954, *to* June 29, 1954, *that I last saw the deceased alive on* June 29, 1954, *and that death occurred at* 2:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph E. Welker (Degree or title): MD
23b. ADDRESS: 836 Prof. Bldg. K.C. Mo
23c. DATE SIGNED: 6/30/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2 1954
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 7-1-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: C.H. Blackman & Son Inc.
ADDRESS: Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. C. Rinne

Licensed Embalmer No. 487

P. O. Address K.C., Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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