

FILED AUG 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27199**  
**3595**

|   |  |   |   |   |  |  |  |
|---|--|---|---|---|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. <b>149</b>   |   | PRIMARY REG. DIST. NO. <b>1002</b>  |  | Registrar's No. <b>3595</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO</b><br>b. COUNTY <b>CLAY</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>KANSAS CITY</b>  |  | c. LENGTH OF STAY (in this place)<br><b>1 week</b>  |   | c. CITY OR TOWN <b>NORTH KANSAS CITY</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>TRINITY LUTHERAN Hosp</b>   |  |   |   | STREET ADDRESS (If rural, give location)<br><b>816 E 23rd AVE. 6001</b>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Royce</b><br>b. (Middle) <b>Keith</b><br>c. (Last) <b>Dill</b>  |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>JULY 21 1954</b> |   |  |  |  |
| 5. SEX <b>M</b>   |  | 6. COLOR OR RACE <b>W.</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>  |  | 8. DATE OF BIRTH<br><b>APRIL 29 1901</b>   |  |
| 9. AGE (In years last birthday) <b>53</b>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CLERK - STANDARD Steel</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>DuBoise, Neb.</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  | 13a. FATHER'S NAME<br><b>HARLEY DILL</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>MARY ELIE STORM</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>JANNITA DILL</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ) (If yes, give war or dates of service)   |  | 16. SOCIAL SECURITY NO.<br><b>49S-01-3926</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>JANNITA DILL - 816 E 23rd Ave North Kansas City, Mo</b>                               |  |  |  |
| 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. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br>(a) <b>Myocardial Heart Failure</b><br>(b) <b>Cardiac Hypertrophy &amp; Sclerosis</b><br>(c) <b>Pseudohypertrophic Muscular Dystrophy</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b)<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><br><br><br><br><br><br><br><br><b>7441</b>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |  | 20. AUTOPSY?<br>YES <input checked="" 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 <b>Physiologist</b> , 19___, to ___, 19___, that I last saw the deceased alive on ___ m., from the causes and on the date stated above.                                |  |   |   |   |  |  |  |
| 23a. SIGNATURE <b>Jack H. Hill MD</b><br><b>Jack Hill</b>   |  | (Degree or title)   |   | 23b. ADDRESS<br><b>3001 Wyandotte St. CE 8th Mo</b>   |  | 23c. DATE SIGNED<br><b>21 July 54</b>  |  |
| 24a. BURIAL CREMATION REMOVAL (Specify)<br><b>BURIAL</b>  |  | 24b. DATE<br><b>7-24-54</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>DuBoise Cem. DuBoise Neb</b>   |  | 24d. LOCATION (City, town, or county) (State)  |  |
| DATE REC'D BY LOCAL REG.<br><b>7-23-54</b>  |  | REGISTRAR'S SIGNATURE<br><b>Geraldine Smith</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>D.W. NEWCOMER'S, NORTH KANSAS CITY Mo</b>  |  |  |  |

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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed *Glenn V. Hill* .....

Licensed Embalmer No. *458*

P. O. Address *K.C. 16*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.