

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8181**

FILED MAR 22 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1019

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY OR TOWN NORTH KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place? 3 1/2 mo		STREET ADDRESS (If rural, give location) 823 E. 22nd AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) PETER	b. (Middle) J	c. (Last) Dohm	4. DATE OF DEATH (Month) (Day) (Year) MAR 4 1955
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 10, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN LLOYD FRY CO.	10b. KIND OF BUSINESS OR INDUSTRY Roofing	11. BIRTHPLACE (City and State or Foreign Country) POTTER KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MATHIAS DOHM	13b. MOTHER'S MAIDEN NAME ELIZABETH HAAG	14. NAME OF HUSBAND OR WIFE ANNA DOHM
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 509-18-3506	17. INFORMANT'S SIGNATURE OR NAME MRS. ANNA DOHM	ADDRESS 823 E. 22nd AVE
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		Years
	DUE TO (c) Age		33 1/2
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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1951, to 47 March 1955, that I last saw the deceased alive on 4 March 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R.D. Dwyer	(Degree or title) M.D.	23b. ADDRESS 1808 Swift Ave. N.K.C. Mo	23c. DATE SIGNED 7 March 1955
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24a. BURIAL CREMATION (REMOVAL) (Specify) BURIED	24b. DATE MAR 7 1955	24c. NAME OF CEMETERY OR CREMATORY White Chapel	24d. LOCATION (City, town, or county) (State) CLAY Co Mo
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DATE REC'D BY LOCAL REG. 3-7-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomin Jones	ADDRESS N.K.C.
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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 *John W. LaBeck*.....

Licensed Embalmer No. *44940*

P. O. Address *No. Kansas*

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.