

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15418**
Registrar's No. **1841**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 32 yrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		91 STREET ADDRESS 7229 Walnut	(If rural, give location) 3910

3. NAME OF DECEASED (Type or Print) HARRY		a. (First) B.	b. (Middle) DETJOR	c. (Last) DETJOR	4. DATE OF DEATH (Month) (Day) (Year) April 25, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 1		8. DATE OF BIRTH Jan. 17, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sec. - Interstate Heating & Plumbing			10b. KIND OF BUSINESS OR INDUSTRY Webster City, Iowa		11. BIRTHPLACE (City and State or Foreign Country) Webster City, Iowa		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Byard Detlor	13b. MOTHER'S MAIDEN NAME Ella Frances Bowman	14. NAME OF HUSBAND OR WIFE Emma Barber Detlor
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 486-01-9782	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marjorie B. Detlor, 7229 Walnut, K.C. Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Myelomatosis of the Thorax Due to (c) Calcification of the myocardium + Pericardium		1 month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Arterio-Sclerosis - Brain	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)	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 **2-24, 1955** to **4-25, 1955**, that I last saw the deceased alive on **4-25, 1955** and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Don Carlos Peete (Degree or title)	23b. ADDRESS 1500 Prof Bldg	23c. DATE SIGNED 4-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/26/55	24c. NAME OF CEMETERY OR CREMATORY Webster City, Iowa	24d. LOCATION (City, town, or county) (State) Iowa Falls, Iowa
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DATE REC'D BY LOCAL REG. 4-26-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C. MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ross S. Carter
Prof Bldg.
Vi 1145

after 1:45 PM

Thalonus

2-2-1145

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 *Elmo D. Finkel*

Licensed Embalmer No. 481

P. O. Address *Kansas City*

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.