

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17765

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>667</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>				
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 Week</u>		c. CITY OR TOWN <u>Troy</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>4 Miles N. E. of Troy Kans.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Garfield</u> c. (Last) <u>Dittemore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/1/1892</u>		
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Highland Kansas</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Adam Dittemore</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Landrum</u>		14. NAME OF HUSBAND OR WIFE <u>Belle Dittemore</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>514-22-0526</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Belle Dittemore Troy Kans.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition and Cachexia</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Metastatic Carcinomatosis</u> DUE TO (c) <u>Carcinoma of the stomach</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>151K</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u> <u>unknown</u> <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 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) m.		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>June 29, 1955</u> , to <u>June 30, 1955</u> , that I last saw the deceased alive on <u>June 30, 1955</u> and that death occurred at <u>1:55P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Sharon E. Wagner M.D.</u> (Degree or title)				23b. ADDRESS <u>301 Illinois Ave., City</u>		23c. DATE SIGNED <u>7/6/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/30/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>		24d. LOCATION (City, town, or county) (State) <u>Troy Kansas</u>		
DATE REC'D BY LOCAL REG. <u>July 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Cather M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Vernon B. Whitte</u>		ADDRESS <u>Troy Kans</u>		

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

SEP 15 1952

AUG 18 1952

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: *Charles M. Hanna*

Licensed Embalmer No. *448*

P. O. Address *Whitona,*

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.