

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26117

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3285	
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 town or township) KANSAS CITY		c. LENGTH OF STAY (In this place) 70 YEARS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3944 MCGEE STREET				e. STREET ADDRESS (If rural, give location) 3944 MCGEE STREET 3678			
3. NAME OF DECEASED (Type or Print) a. (First) Nettie		b. (Middle) Z		c. (Last) DIERS		4. DATE OF DEATH (Month) (Day) (Year) July 29, 1955	
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 22, 1867	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) CHARLESTON, WEST VIRGINIA	
11. BIRTHPLACE (City and State or Foreign Country) CHARLESTON, WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Louis LESEM		13b. MOTHER'S MAIDEN NAME Virginia REGER	
14. NAME OF HUSBAND OR WIFE HENRY D. DIERS		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. NONE		17. INFORMANT'S SIGNATURE OR NAME K.C. MO. ADDRESS Virginia Norris 3944 MCGEE STREET	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anteroclasosis (Cerebral) DUE TO (c) Generalized Anteroclasosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  3317	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 July 28, 1955, to July 29, 1955, that I last saw the deceased alive on July 29, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Otto W. Teal (Degree or title) M.D.				23b. ADDRESS 4301 Main Street		23c. DATE SIGNED 7-30-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 1, 1955		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 8-1-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE 1331 ADDRESS K.C. MO. D.W. NEWCOMEN'S SONS BRUSH BRICK BLVD			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Ellie Kessel*

Licensed Embalmer No. *469*

P. O. Address *R.C.M.*

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.