

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24506  
STATE FILE NUMBER 3454

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>1517 East 23rd Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>		Length of stay in 1b <b>50 yrs</b>		STREET ADDRESS (If outside, give location) <b>Kansas City</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>JOSEPH DIMERY</b>				4. DATE OF DEATH <b>July 21, 1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>11-13-78</b>	
9. AGE (In years last birthday) <b>78</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber-Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barbering</b>		11. BIRTHPLACE (City and state or country) <b>Lawrence, Kansas</b>	
12. IF UNDER 1 YEAR Months Days Hours Min.		13. FATHER'S NAME <b>Ezekiel Dimery</b>		14. MOTHER'S MAIDEN NAME <b>Minerva Owens</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes Spanish-American</b>	
16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT <b>VA Hospital Official Records</b>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema and congestion</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Localized peritonitis, pelvic</b>		DUE TO (c) <b>Nodular hyperplasia, prostate with obstruction.</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Arteriosclerotic and hypertensive heart disease</b>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>VA</b>		20g. STATE	
21. Attended the deceased from <b>June 23, 1957</b> to <b>July 21, 1957</b> Death occurred at <b>7:55 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>J. A. Turner</i> <b>J. A. TURNER, M.D.</b>		22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>		22c. DATE SIGNED <b>7-22-57</b>	
23a. BURIAL/CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7/26/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Supt. National Ceme.</b>		23d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth, Kans</b>	
24. FUNERAL DIRECTOR <b>Mrs. Meek's Mortuary</b>		ADDRESS <b>K. C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-23-57</b>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

1. Name of Deceased: \_\_\_\_\_  
 2. Date of Death: \_\_\_\_\_  
 3. Place of Death: \_\_\_\_\_  
 4. Cause of Death: \_\_\_\_\_  
 5. Age of Deceased: \_\_\_\_\_  
 6. Sex of Deceased: \_\_\_\_\_  
 7. Race of Deceased: \_\_\_\_\_  
 8. Religion of Deceased: \_\_\_\_\_  
 9. Marital Status: \_\_\_\_\_  
 10. Occupation: \_\_\_\_\_  
 11. Education: \_\_\_\_\_  
 12. Social Security Number: \_\_\_\_\_  
 13. Date of Birth: \_\_\_\_\_  
 14. Place of Birth: \_\_\_\_\_  
 15. Date of Death: \_\_\_\_\_  
 16. Place of Death: \_\_\_\_\_  
 17. Cause of Death: \_\_\_\_\_  
 18. Age of Deceased: \_\_\_\_\_  
 19. Sex of Deceased: \_\_\_\_\_  
 20. Race of Deceased: \_\_\_\_\_  
 21. Religion of Deceased: \_\_\_\_\_  
 22. Marital Status: \_\_\_\_\_  
 23. Occupation: \_\_\_\_\_  
 24. Education: \_\_\_\_\_  
 25. Social Security Number: \_\_\_\_\_  
 26. Date of Birth: \_\_\_\_\_  
 27. Place of Birth: \_\_\_\_\_

**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 Millard B. Pask  
 Licensed Embalmer No. 50

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

(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.

