

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

1218  
STATE FILE NUMBER  
59

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 59

300  
1-57

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) <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>TRINITY LUTH. HOSPITAL</b>		Length of stay in lb <b>74 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>8012 PENNSYLVANIA</b>
3. NAME OF DECEASED (Type or print) <b>GERTRUDE MAE DISLEROD</b>			4. DATE OF DEATH <b>JAN. - 4, 1958</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 20, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) <b>74</b>
11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>THOMAS BOYNTON</b>		13b. MOTHER'S MAIDEN NAME <b>MAE JESERICH</b>	
14. NAME OF HUSBAND OR WIFE <b>PETER M. DISLEROD</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>486-07-6347A</b>		17. INFORMANT <b>PETER M. DISLEROD</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>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		unknown	
DUE TO (c) _____		<b>332 X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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		COUNTY STATE	
21. I attended the deceased from <b>7-31-57</b> to <b>1-3-58</b> and last saw her alive on <b>1-3-58</b> Death occurred <b>1-3-58 1:35 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. J. Stelmach</b>		22b. ADDRESS <b>M.O. 2951 State Line</b>	
22c. DATE SIGNED <b>1-4-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>JAN. 6. 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY</b>		23e. STATE <b>MISSOURI</b>	
24. FUNERAL DIRECTOR <b>D.W. New COMERS SONS</b>		25. DATE RECD. BY LOCAL REG. <b>1-6-58</b>	
26. REGISTRAR'S SIGNATURE <b>neva Marshall</b>		ADDRESS <b>1331 BRUSH CRAWK KANSAS CITY, MO.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W. J. Stelmach

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Vern Lawler* .....

Licensed Embalmer No. *4915* .....  
P. O. Address *47832<sup>nd</sup> Kc* .....

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.