URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

-60-041963

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5470

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas city mo — Length of stay in 1b 25 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 34 mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6004 E 96th terr — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mr Hugo Middle W Last Dierking

4. DATE OF DEATH Month Day Year 10-28-1960

5. SEX male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 7-14-1887
9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Fina Station
10b. KIND OF BUSINESS OR INDUSTRY operator
11. BIRTHPLACE (City and state or country) Emma, mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frederick Dierking
13b. MOTHER'S MAIDEN NAME Louise Meyer
14. NAME OF HUSBAND OR WIFE Ella M Dierking

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 495-10-6431A
17. INFORMANT Evelyn Kessner Address 6004 E 96th terr KC mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-31-56, to 10-28-60 and last saw ~~her~~ him alive on 10/28/60
Death occurred at 8:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. J. Stelmach MD.
22b. ADDRESS 1951 State Line
22c. DATE SIGNED 10/29/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-31-60
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City mo

24. FUNERAL DIRECTOR ADDRESS Wornall Funeral Home, Inc.
25. DATE RECD. BY LOCAL REG. 10-31-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION Stelmach MD

BY AFFIDAVIT OF W. J.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Russell N. Fra

Signature of Student Embalmer

Licensed Embalmer No. 42

P. O. Address K. C.

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