

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-036089**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4703

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1  
23738  
3  
4 0  
5 1  
6  
7 2  
8 0  
9 581.0  
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12 61.0  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF H. Passman MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

<b>FILED SEP 18 1963</b>		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>		Length of stay in lb <b>28 yrs.</b>		c. CITY OR TOWN <b>Kansas City</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>Menorah Medical Center</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>221 West 48th Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED. (Type or print) First <b>Roy</b> Middle <b>W</b> Last <b>Dietrick</b>			4. DATE OF DEATH Month <b>August</b> Day <b>25th</b> Year <b>1963</b>		
5. SEX <b>Male</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>6-9-02</b>	9. AGE (last birthday) <b>61</b>	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) <b>Retired - Sec. Treas.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>H. D. Lee, Co.</b>		11. BIRTHPLACE (City and state or country) <b>Liestowel, Ontario, Can. U. S. A.</b>	
13a. FATHER'S NAME <b>Christian B. Dietrick</b>		13b. MOTHER'S MAIDEN NAME <b>Mary A. Grasser</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie T. Dietrick</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.		17. INFORMANT Address <b>Lottie T. Dietrick, 221 W. 48th St. Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BILAT. BRONCHOPNEUMONIA</b> DUE TO (b) <b>HEPATIC CIRRHOSIS</b> DUE TO (c) <b>(ALSO) ACUTE RENAL FAILURE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DIABETES MELLITUS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 DA</b> <b>3 DA</b>
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 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>8-13-63</b> to <b>8-25-63</b> and last saw him alive on <b>8-25-63</b> . Death occurred at <b>5:05 P</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>401 E 63</b>	
22c. DATE SIGNED <b>8/26/63</b>		(State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		23b. DATE <b>8-27-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Garden Mausoleum</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>		24. FUNERAL DIRECTOR <b>Stine &amp; McClure, Kansas City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-26-63</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

**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 J. S. Swalter

Licensed Embalmer No. 2744

P. O. Address K. E. 700

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.