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10670 MAY 30 1978
LOCAL FILE NUMBER

795-2

KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL STATISTICS

CERTIFICATE OF DEATH

78 009152
STATE FILE NUMBER

DECEDENT—NAME: First: Edith; Middle: C.; Last: DICKE

SEX: FEMALE

DATE OF DEATH (Month, Day, Year): MAY 14, 1978

AGE—Last Birthday (Yrs.): 61

DATE OF BIRTH (Mo., Day, Yr.): 2/25/1917

COUNTY OF DEATH: WYANDOTTE

CITY, TOWN OR LOCATION OF DEATH: KANSAS CITY

RACE (Specify): White

ORIGIN OR DESCENT (Specify): American

HOSPITAL OR OTHER INSTITUTION—Name: K.U. MEDICAL CENTER

IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): INPATIENT

STATE OF BIRTH (If not in U.S.A., name country): Oklahoma

CITIZEN OF WHAT COUNTRY: U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

SURVIVING SPOUSE (If wife, give maiden name): Ralph Dicke

SOCIAL SECURITY NUMBER: Unknown

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

KIND OF BUSINESS OR INDUSTRY: Own Home

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

RESIDENCE—STATE: Kansas

COUNTY: Miami

CITY, TOWN OR LOCATION: Paola 66071

STREET AND NUMBER: RR#4

INSIDE CITY LIMITS (Specify Yes or No): No

FATHER—NAME: First: Ira; Last: Morris

MOTHER—MAIDEN NAME: First: Myrtle; Last: Conrad

INFORMANT—NAME (Type or Print): Ralph Dicke

MAILING ADDRESS: STREET OR R.F.D. NO.: RR#4; CITY OR TOWN: Paola, STATE: Kansas

BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial

CEMETERY OR CREMATORY—NAME: Wagstaff

LOCATION: RR#4; CITY OR TOWN: Paola, STATE: Kansas

FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature): [signature] 1696

NAME OF EMBALMER & LICENSE NO.: John D. Lindsey 2895

NAME & ADDRESS OF FIRM: Fulton-Nickel Fun Home, 1319 N. 18th

To be Completed by CERTIFYING PHYSICIAN Only

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): [signature] MD

DATE SIGNED (Mo., Day, Yr.): MAY 15, 1978

HOUR OF DEATH: 6:50 P.M.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by MEDICAL EXAMINER or CORONER Only

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):

DATE SIGNED (Mo., Day, Yr.):

HOUR OF DEATH:

PRONOUNCED DEAD (Mo., Day, Yr.): ON

PRONOUNCED DEAD (Hour): AT M

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): BRADD J. SILVER, M.D., K.U. MEDICAL CENTER, KANSAS CITY, KANSAS, 66103

REGISTRAR (Signature): George J. [signature]

DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 5-22-78

25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

4 PART I (a) Cardiac arrest

1 DUE TO, OR AS A CONSEQUENCE OF:

0 (b) Myocardial Infarction — Interval between onset and death

9 DUE TO, OR AS A CONSEQUENCE OF:

(c) Coronary Atherosclerotic Heart Disease — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part I (a) — Interval between onset and death

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):

DATE OF INJURY (Mo., Day, Yr.):

HOUR OF INJURY:

AUTOPSY (Yes or No): YES

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (Yes or No): YES

WAS CASE REFERRED TO CORONER (Specify Yes or No): NO

OK

INJURY AT WORK (Specify Yes or No):

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):

DESCRIBE HOW INJURY OCCURRED:

LOCATION: STREET OR R.F.D. No. / CITY OR TOWN / STATE

ATC

31101

NOV - 4 1993

NOT VALID IF COPIED
THIS IS A COPY OF THE ORIGINAL CERTIFICATE
CERTIFIED THIS DATE AT TOPEKA, KANSAS

OFFICE OF VITAL STATISTICS
DEPARTMENT OF HEALTH AND ENVIRONMENT

STATE REGISTRAR

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Aspen Title & Escrow

on this 23th day of Nov. A.D., 19 93
at 3:40 o'clock P M. and duly recorded
in Vol. M93 of Deeds Page 31100.

Evelyn Biehn County Clerk
By Annette Mueller Deputy.

Fee, $15.00