

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9491**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5945** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Dillon Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural St. James, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>76Yr.</b>		d. STREET ADDRESS (If rural, give location) <b>Rural St. James, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ferndale Nursing Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Henry</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Diestelkamp</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 - 15 - 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 10, 1872</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 1 YEAR Days <b>5</b>	IF UNDER 1 YEAR Hours <b>0</b>	IF UNDER 1 YEAR Mins. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work depending on most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Wollem, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>William Diestelkamp</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Cords</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nora Pruitt, Safe, Missouri.</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		<b>5 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Bronchitis</b> DUE TO (c) <b>Hypertension</b>		<b>6 years</b> <b>4 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>Solix</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **May 24, 1941, to March 15, 1949**, that I last saw the deceased alive on **March 15, 1949**, and that death occurred at **12:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. J. Hammler, M.D.</b>	(Degree or title) _____	23b. ADDRESS <b>St. James, Mo</b>	23c. DATE SIGNED <b>4-2-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-17-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Phelps Missouri</b>
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DATE REC'D BY LOCAL REG. <b>4-2-49</b>	REGISTRAR'S SIGNATURE <b>Corva G. Birmingham</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Oral E. Licklider St. James, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-4881  
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RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 4-11-49-

MAY 19 1949

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. 312

working under my personal supervision.

Student Carl J. Glenn  
Student Embalmer

Signed Roll E. Klecker

Licensed Embalmer No. 3544

P. O. Address St James Mo

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 this body is not embalmed, fact should be so stated above.