

FILED JUL 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19967

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 3001 Registrar's No. 297

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place) 5	
c. CITY (If outside corporate limits, write RURAL and give township) Joplin		d. STREET ADDRESS (If rural, give location) 321 N. Pearl 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 321 N. Pearl		d. STREET ADDRESS (If rural, give location) 321 N. Pearl 0	
3. NAME OF DECEASED a. (First) HELENE		b. (Middle) DIETER	
c. (Last) DIETER		4. DATE OF DEATH (Month) (Day) (Year) July 4 1949	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 18, 1860
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Dr. Braung		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Miss Kate Nuten 321 N. Pearl	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General arteriosclerosis (minibus 4772)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 4 to July 4, 1949 that I last saw the deceased alive on July 4, 1949 and that death occurred at 11:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ed. L. Huff		23b. ADDRESS Joplin Mo	
23c. DATE SIGNED 7/7/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7, 1949	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.		24d. LOCATION (City, town, or county) (State) Jess. City Mo.	
DATE REC'D BY LOCAL REG. 7-7-49		REGISTRAR'S SIGNATURE Ed. L. Huff	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Ed. L. Huff		Joplin Mo	

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

49
24

RECEIVED 7-9-49
Jasper County Health Office

County File Number 49-7-528

Date Filed 7-12-49

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.