

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40622**

FILED DEC 22 1949

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 147	
1. PLACE OF DEATH a. COUNTY Cooper County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) Boonville, Mo.		c. LENGTH OF STAY (in this place) 3 1/2 months		c. CITY (If outside corporate limits, write RURAL and give township) Jilliam, Missouri		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Allen Rauenwoy, Mo				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) OLIVER R.			b. (Middle) DIECKMANN			c. (Last) DIECKMANN	
4. DATE OF DEATH (Month) (Day) (Year) Dec 7 1949		5. SEX M. ID W.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct 15 1872		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 7 Days 15		IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State of foreign country) St. Charles, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME F. W. Dieckman		13b. MOTHER'S MAIDEN NAME Sidney Ann Jarvis		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Mrs. M. B. Eads Slater, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 177X		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate gland				INTERVAL BETWEEN ONSET AND DEATH 1 year	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked arteriosclerosis							
19a. DATE OF OPERATION Aug 22 1949		19b. MAJOR FINDINGS OF OPERATION Transvesical prostatectomy (benign)				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ m.		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 Aug 22 1949 , to Dec 7 1949 , that I last saw the deceased alive on Dec 7 1949 , and that death occurred at 1:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Allen Rauenwoy, Mo				23b. ADDRESS Boonville, Mo		23c. DATE SIGNED Dec 9 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 9 1949		24c. NAME OF CEMETERY OR CREMATORY William Missouri		24d. LOCATION (City, town, or county) (State) Missouri	
DATE REC'D BY LOCAL REG. Dec 9 49		REGISTRAR'S SIGNATURE D. Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE Jones & Salzer Slater, Mo			

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

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RECEIVED

DEC 12

District Health Officer No. 8,

District File Number.....

Date Filed 12-21-49

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 James E. Jones
Licensed Embalmer No. 3143

P. O. Address Slater, 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.