

No. 300
10-48

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3562

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 44E Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FORNFELT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FORNFELT</u>	
c. LENGTH OF STAY (In this place) <u>24RS</u>		d. STREET ADDRESS (If rural, give location) <u>AT HOME</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CORNELIA</u>	b. (Middle) <u>—</u>	c. (Last) <u>DIETZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30 1950</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 15, 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>MURPHYSBORO, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>MOSES KING</u>	13b. MOTHER'S MAIDEN NAME <u>OCTAVIA JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLEY DIETZ</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Dietz Fornfelt</u>	ADDRESS <u>Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lobar pneumonia</u>		
	DUE TO (c) <u>Malnutrition</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>		002X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Jan 1946, to Jan. 30, 1950, that I last saw the deceased alive on Jan 30, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Benton Watson D.O.</u>	23b. ADDRESS <u>Fornfelt, Mo.</u>	23c. DATE SIGNED <u>Feb 1, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 2, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIGHTNER</u>	24d. LOCATION (City, town, or county) (State) <u>ILLMO, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-1-1950</u>	REGISTRAR'S SIGNATURE <u>300</u>	EMERALGEMALMERS SIGNATURE <u>Richard Hoff</u>	ADDRESS <u>Illmo, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 6 1950

District Health Office No. 2

District File Number 22-0-10

Date Filed _____

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 _____

Oliver Amick

Licensed Embalmer No. 4470

P. O. Address Illino, 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.