

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5119

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Levasy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Levasy</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1 mile West of Town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at her own home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u> b. (Middle) <u>O.</u> c. (Last) <u>Dieckman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2nd. 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>widow</u>		8. DATE OF BIRTH <u>June 21, 1872</u>		9. AGE (In years last birthday) Months Days <u>77 7 12</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife duties in her own home</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Marthasville, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Henry A. Oberhelman</u>			13b. MOTHER'S MAIDEN NAME <u>Margaretha Borgman</u>			14. NAME OF HUSBAND OR WIFE <u>Edwin H. Dieckman (Deceased)</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)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Herman Dieckman Buckner, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>cerebral hemorrhage</u> DUE TO (c) <u>arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>3 hr</u> <u>331X</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) <u>none</u>				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 out 1948, to Feb. 2., 1950, that I last saw the deceased alive on Feb. 2., 1950, and that death occurred at 8:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>John L. Wenker DO.</u> (Degree or title)			23b. ADDRESS <u>Buckner Missouri</u>			23c. DATE SIGNED <u>Febr. 3. '50.</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner Missouri.</u>			
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DATE REC'D BY LOCAL REG. <u>Feb. 4-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>254</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			ADDRESS <u>Buckner Mo.</u>		
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

