

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5270

540

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

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4272</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cincinnati</u>		8310	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waverly Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>2614 Euclid Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u>			b. (Middle) _____		c. (Last) <u>Diekmeier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 24, 1888</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u> IF UNDER 24 HRS. Hours _____ Min. _____	
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 _____		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Norbert J. Jordan</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Salvin</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. Henry Diekmeier (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs George Kelling Waverly Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of gall bladder with metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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 mo.</u> <u>155A</u>	
19a. DATE OF OPERATION <u>12/10/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>same as above</u>				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) _____		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 <u>Feb 10</u> , 1950, to <u>Feb. 15</u> , 1950, that I last saw the deceased alive on <u>Feb. 15</u> , 1950, and that death occurred at <u>3A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jordan Kelling M.D.</u> (Degree or title)				23b. ADDRESS <u>Waverly, Mo.</u>		23c. DATE SIGNED <u>2/17/50</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>2-17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Nebo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grand Pass Mo. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 17-1950</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall F. Home</u>		ADDRESS <u>Carrollton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) Dr. H. Marshall

RECEIVED

District Health ^{MAR 17 1950} No. 8,

District File Number

Date Filed 2-3-50

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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Camelton 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.