

FILED JAN 30 1951

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>BOONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		027	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3 MI N.W. TIPTON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>DIEHL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 22 - 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-12-1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMED</u>		11. BIRTHPLACE (State or foreign country) <u>TIPTON MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					

13a. FATHER'S NAME <u>WILLIAM-H-DIEHL</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA-SCHWELLY</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET-DIEHL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eddie Hainew Tipton 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>± 1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>		± 5 yrs	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4221	

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)		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 1-19-57, 1957, to 1-22-57, 1957, that I last saw the deceased alive on 1-22-57, 1957, and that death occurred at 9:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B.M. Stuart, M.D.</u>		23b. ADDRESS <u>329 Main, Bonville,</u>		23c. DATE SIGNED <u>1-23-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-25-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC CEMETERY TIPTON</u>	
				24d. LOCATION (City, town, or county) (State) <u>MO</u>	

DATE REC'D BY LOCAL REG. <u>1-25-57</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u> 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James E. Richards Tipton Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1/29/51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-29-51

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. Richards*

Licensed Embalmer No. *2466*

P. O. Address *Lepton, 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.