

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21749**

FILED JUN 26 1951

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY Saline		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) OR TOWN Marshall,		c. LENGTH OF STAY (in this place) 8 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital		d. STREET ADDRESS (If rural, give location) Ten miles northwest of Slater, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Peter	b. (Middle) Edward	c. (Last) Deibel	4. DATE OF DEATH (Month) (Day) (Year) June 12 1951
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept.-16-1871
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HRS. Hours - Mins. -	11. BIRTHPLACE (State or foreign country) U
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) U	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Patrick Deibel	13b. MOTHER'S MAIDEN NAME Teresa Mary Wunderlich	14. NAME OF HUSBAND OR WIFE Minnie Deibel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NO	17. INFORMANT'S SIGNATURE OR NAME Harry Deibel, Miami, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperstatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	ANTECEDENT CAUSES DUE TO (b) Fracture Right Hip		6-4-51
	DUE TO (c) Possible Ca of Stomach		?
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Fracture R.Hip	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Fitzgibbon Hosp.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marshall Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 4 51 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from Hospital bed

22. I hereby certify that I attended the deceased from **6-4**, 19**51**, to **6-12**, 19**51**, that I last saw the deceased alive on **6-12**, 19**51**, and that death occurred at **3:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) X M. D. O.	23b. ADDRESS Slater, Mo.	23c. DATE SIGNED 6-13-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June-14-1951	24c. NAME OF CEMETERY OR CREMATORY Slater City Cemetery
24d. LOCATION (City, town, or county) (State) Slater, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE Jones & Salzer	ADDRESS Slater, Mo.
DATE REC'D BY LOCAL REG. June 13-1951	REGISTRAR'S SIGNATURE Bridney T Gray	385

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

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-25-51

Handwritten notes:
H & J
6-25-51
District no

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 _____

X

Student Embalmer No. _____ X

working under my personal supervision.

Student
Student Embalmer

Signed *James E Jones*
Licensed Embalmer No. 3143

P. O. Address *Water Missouri*

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.