

RECORDED 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34559

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 338

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

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Highway 65</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>	
c. LENGTH OF STAY (In this place) <u>1/2</u> hour		d. STREET ADDRESS (If rural, give location) <u>Viking Hotel</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bothwell Mem. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Gustaf</u> c. (Last) <u>Diehm</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21, 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Apr 1, 1917</u>		9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR <u>6</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Grinnell, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Andrew Diehm</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Weber Diehm</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War II</u>		16. SOCIAL SECURITY NO. <u>484-10-3669</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leonard Diehm, Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull and fractured neck as result of Automobile Accident</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8234 32</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 65 North</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Pettis Mo.</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 21, 51, 12:50 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>	
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22. I hereby certify that I attended the deceased viewed as per name, 10, that I last saw the deceased align on, 10, and that death occurred at 12:50 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. Jordan Hauptfleisch MD</u>		23b. ADDRESS <u>Cornery Pettis Co</u>		23c. DATE SIGNED <u>10-22-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Grinnell, Iowa</u>	

DATE REC'D BY LOCAL REG. <u>10-22-1951</u>		REGISTRAR'S SIGNATURE <u>W. J. Campbell MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. J. Campbell MD</u>	
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RECEIVED OCT 30 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed OCT-30-1951

NOV 3 1951

DEC 6 1951

NOV 10 1951

NOV 2 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed R. E. Baker

Signed
Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.