

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16071

FILED MAY 26 1952

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 491	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD MO		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARSHFIELD MO		d. STREET ADDRESS (If rural, give location) <del>SPRINGFIELD MO</del> 1121	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS				4. DATE OF DEATH (Month) (Day) (Year) MAY 17 1952			
3. NAME OF DECEASED (Type or Print) (First) JAMES		(Middle) DIAH		(Last) DIAH			
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAY 22 1930	
9. AGE (In years last birthday) 21		If under 1 year Months 11		If under 1 year Days 26		If under 1 year Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MARSHFIELD MO C	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME MILTON DIAH		13b. MOTHER'S MAIDEN NAME MABEL MIHNER		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-36-9417		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MILTON DIAH MARSHFIELD MO			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Juvenile muscular dystrophy  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 12 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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 May 16, 1952, to May 17, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 3:30 a. m., from the causes and on the date stated above.							
23a. SIGNATURE Homer C. Marshall, M.D.				23b. ADDRESS Professional Bldg.		23c. DATE SIGNED 5-20-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-20-1952		24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD		24d. LOCATION (City, town, or county) (State) MARSHFIELD MO	
DATE REC'D BY LOCAL REG. 5-22-52		REGISTRAR'S SIGNATURE James R. Amor		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBER-BARTO MARSHFIELD			

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

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FEB 6 1958

FEB 10 1958

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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 \_\_\_\_\_

Licensed Embalmer No. 3848

P. O. Address mtu. Home

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.