

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24941

State File No.

FILED AUG 12 1952

BIRTH NO. 52403 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Lexington</u> c. LENGTH OF STAY (in this place) <u>16 hrs.</u>		c. CITY OR TOWN <u>Lexington Napoleon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>R.I. 3 miles South</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Baby</u>	b. (Middle) <u>Dieckmann</u>	c. (Last) <u>Dieckmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 9 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>never married</u>	8. DATE OF BIRTH <u>Aug 8, 1952</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) last birthday: <u>0 0 0 16 20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Theodore Dieckmann</u>	13b. MOTHER'S MAIDEN NAME <u>Bertha Beckman</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Dieckmann</u>	ADDRESS <u>Napoleon</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>16 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth (27 wks)</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>176x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8 Aug, 1952, to 9 Aug, 1952, that I last saw the deceased alive on 9 Aug, 1952, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. W. Wardner D</u>	23b. ADDRESS <u>Lexington, Mo</u>	23c. DATE SIGNED <u>9 Aug 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 9 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Napoleon Gravel</u>	24d. LOCATION (City, town, or county) (State) <u>Napoleon Mo</u>
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DATE REC'D BY LOCAL REG. <u>9 Aug 1952</u>	REGISTRAR'S SIGNATURE <u>Wm. S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>U.M. ...</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5242

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 ^{not} _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph O Jones

Licensed Embalmer No. 4604

P. O. Address Burke, Md.

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.

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