

FILED OCT 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32263  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>313</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frankford 0820</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Revering Hospital</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u>			b. (Middle) <u>ESTELLA</u>		c. (Last) <u>DIETLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>May 30 1870</u>		9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>1</u>	11. YEARS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Warsaw, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Hugh Gallaher</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Turnes</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Dietle</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John Dietle Frankford 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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				DUE TO (b) <u>stragulated tumor</u>				<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Nedema</u>				<u>4 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5611</u>				
19a. DATE OF OPERATION <u>Oct-2-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Surgent Shunt - 6 in inserted</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Oct 2, 1952</u> , to <u>Oct 4, 1952</u> , that I last saw the deceased alive on <u>Oct 4, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>J. H. Francis</u> (Degree or title) <u>Med</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>Oct-7-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Oct-6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct 7 1952</u>		REGISTRAR'S SIGNATURE <u>H. C. Fisher Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fields &amp; Sons Frankford Mo</u>				

RECEIVED OCT 19 1952  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 19 1952

**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 Joe Fields Meyers

Licensed Embalmer No. 4092

P. O. Address Frankford 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.