

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

State File No. **37635**

No. 306 **ED DEC 15 1952**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **323**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 0105	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 504 Rogers St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MAGGIE b. (Middle) ELIA c. (Last) DILTZ			4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 29, 1867	9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months 10 Days 7 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Pilot Grove, Missouri.	
			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME William P. Delano		13b. MOTHER'S MAIDEN NAME Martha S. Dulaney		14. NAME OF HUSBAND OR WIFE Hanson H. Diltz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Alfred Diltz, Columbia, Mo.	
				ADDRESS	

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) Arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured hip and DUE TO (c) elbow		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9040 21			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 118	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 July, 1951, to Dec 6, 1952, that I last saw the deceased alive on Dec 6, 1952, and that death occurred at 3:45A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>L. R. Miller</i>	(Degree or title) M.D.	23b. ADDRESS 504 Rogers St. Columbia	23c. DATE SIGNED 8 Dec 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 9 1952	24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri.

DATE REC'D BY LOCAL REG. Dec 9, 1952	REGISTRAR'S SIGNATURE Mrs R.E. Palmer	31-0	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service	ADDRESS Columbia Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Paul L. Haring

Licensed Embalmer No. 4132

P. O. Address Columbus, Ga.

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.