

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13662**

FILED - MAY 1 1953

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **115**

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City | |
| c. LENGTH OF STAY (In this place) Life | | d. STREET ADDRESS (If rural, give location) 316 E. Miller | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 316 E. Miller | | e. STREET ADDRESS (If rural, give location) 316 E. Miller | |

3. NAME OF DECEASED (Type or Print) **Arnold Diedel**

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) **April 27, 1953**

| | | | | | | | | |
|--------------------|-------------------------------|---|--------------------------------------|---|-------------------------|-----------------------------|------------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 9, 1880 | 9. AGE (In years last birthday) 72 | # UNDER 1 YEAR 6 | # UNDER 12 MONTHS 18 | # UNDER 24 HOURS _____ | # UNDER 1 MIN. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|-------------------------|-----------------------------|------------------------|----------------------|

| | | | |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY unk. | 11. BIRTHPLACE (City and State or Foreign Country) Cole Co. Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|---|---|---|

| | | |
|--|--|---|
| 13a. FATHER'S NAME Phillip Diedel | 13b. MOTHER'S MAIDEN NAME Milinda Simpson | 14. NAME OF HUSBAND OR WIFE Katie Diedel |
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|---|-----------------------------------|---|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME Mrs Katie Diedel | ADDRESS Jefferson City, Mo |
|---|-----------------------------------|---|-----------------------------------|

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive cardiac vascular disease**

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Abundant conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) **Arteriosclerosis**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Interval between ONSET AND DEATH **years**

| | | |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION 443X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Jan 1953**, to **April 27, 1953**, that I last saw the deceased alive on **April 27, 1953**, and that death occurred at **8:40P** m., from the causes and on the date stated above.

| | | |
|---|--|---------------------------------|
| 22a. SIGNATURE R. G. Dwyer (Degree or title) M.D. | 23b. ADDRESS Jefferson City, Mo | 23c. DATE SIGNED 4-28-53 |
|---|--|---------------------------------|

| | | | |
|--|---------------------------------|--|---|
| 24a. BURIAL, CREMATION, OR OTHER (Specify) Burial | 24b. DATE April 29, 1953 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | 24d. LOCATION (City, town, or county) (State) Jefferson City, Mo |
|--|---------------------------------|--|---|

| | | | |
|---|--|--|-----------------------------------|
| DATE REC'D BY LOCAL REG. Apr 28-53 | REGISTRAR'S SIGNATURE R. G. Dwyer | 25. FUNERAL DIRECTOR'S SIGNATURE Victor Busch | ADDRESS Jefferson City, Mo |
|---|--|--|-----------------------------------|

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 Victor Biescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.