

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7948**

BIRTH **FILED MAR 29 1954** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY OR TOWN New Hamburg	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 hour		e. STREET ADDRESS (If rural, give location) 1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 401 South Kingshighway			

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) A. c. (Last) DIRNBERGER			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 7, 1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 6 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Equipment Co.	11. BIRTHPLACE (City and State or Foreign Country) Scott County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Andrew Dirnberger	13b. MOTHER'S MAIDEN NAME Catherine Dannenmueller	14. NAME OF HUSBAND OR WIFE Mamie S. Dirnberger
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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) No	16. SOCIAL SECURITY NO. 498-34-2122	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mamie S. Dirnberger	ADDRESS New Hamburg
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Cause		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. HEART ATTACK 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) 4343
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:40 A m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) C. C. Summers, Registrar	23b. ADDRESS Cape Girardeau	23c. DATE SIGNED 3-26-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 27, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Lawrence Cem.
24d. LOCATION (City, town, or county) (State) New Hamburg, Missouri		

DATE REC'D BY LOCAL REG. 3-26-53	REGISTRAR'S SIGNATURE C. C. Summers	44-0	25. FUNERAL DIRECTOR'S SIGNATURE Walthers Funeral Home	ADDRESS Cape Girardeau
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Virgil H. Kelch*.....

Licensed Embalmer No. *410*

P. O. Address *Cape Sara*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.