

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15103

BIRTH NO.		REG. DIST. NO. 47	PRIMARY REG. DIST. NO. 3008	Registrar's No. 133
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>FULTON</u>	c. LENGTH OF STAY (in this place) <u>3 hrs</u>	c. CITY OR TOWN <u>ST AUGERT TWA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>CALLAWAY HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>RFD 6 FULTON 0140</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDA</u>	b. (Middle) <u>LAMERS</u>	c. (Last) <u>Diehl</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 13 1891</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>63</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 <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FULTON MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>RIENHOLDT LAMERS</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE STOPPONG</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY DIEHL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Diehl RT 6, Fulton 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>4201</u>		
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 <u>1944</u> , to <u>5-22-1954</u> , that I last saw the deceased alive on <u>5-22-1954</u> , and that death occurred at <u>1900</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>John J. Brown MD</u>		23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>5-22-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 24 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NILLOREST</u>	24d. LOCATION (City, town, or county) (State) <u>FULTON MO</u>	
DATE REC'D BY LOCAL REG. <u>May 29 1954</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maupin H. Fulton MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 1935

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 *Wm A Stewart*.....

Licensed Embalmer No. *372*

P. O. Address *Fulton*.....

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.