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0.48

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26048**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 98

1. PLACE OF DEATH  
a. COUNTY Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Washington Twp. Jasper Mo

c. CITY OR TOWN Carthage  
If Residence within limits of a city or incorporated town? Yes  No  04 93

d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp. #3 Nevada

f. STREET ADDRESS (If rural, give location) 321 East Mason

3. NAME OF DECEASED  
a. (First) MAUDE b. (Middle) — c. (Last) DIBBLEY

4. DATE OF DEATH (Month) (Day) (Year) July 14 - 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 1 - 1896

9. AGE (In years last birthday) 78  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Simon W. Driesbach

13b. MOTHER'S MAIDEN NAME Emma J. Balston

14. NAME OF HUSBAND OR WIFE Deceased

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Peter, Carthage, Mo

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Heat exhaustion  
ANTECEDENT CAUSES  
DUE TO (b) Senility  
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 2 days

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14, 1954, to 7/14, 1954 that I last saw the deceased alive on 7/14, 1954, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George M. Bateler, M.D.

23b. ADDRESS State Hospital, Nevada, Mo.

23c. DATE SIGNED 7/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-17-54

24c. NAME OF CEMETERY OR CREMATORY Park Cemetery

24d. LOCATION (City, town, or county) (State) Carthage, Missouri

DATE REC'D BY LOCAL REG. 7-20-54

REGISTRAR'S SIGNATURE Anna E. Ferry 451

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.

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

80  
2

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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.....  
Signature of Student Embalmer

Signed.....  
*William B. Conroy*

Licensed Embalmer No. ....  
*48*

P. O. Address.....  
*Conroy*

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.