

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 10 1955

REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1191

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (in this place) <b>9 DAYS</b>	c. CITY OR TOWN <b>SPRINGFIELD</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOHN'S HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>713 SOUTH MARKET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARIE</b> b. (Middle) c. (Last) <b>DIETERMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC, 31, 1954</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB. 24, 1868</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>RIBE DENMARK</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>JORGEN HANSEN</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE (UNKNOWN)</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MARCELINE TORBITT SPRINGFIELD, MO.</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Carcinoma of Colon</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>With Intestinal Obstruction</b> DUE TO (c) <b>153X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b> <b>1 week</b>
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19a. DATE OF OPERATION <b>December 27</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Ascending Colon with obstruction</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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) <b>none</b>		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 12-4, 1954, to 12-31, 1954, that I last saw the deceased alive on 12-31, 1954, and that death occurred at 1:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William J. Darr, M.D.</b>		23b. ADDRESS <b>609 Cherry, Springfield Mo</b>		23c. DATE SIGNED <b>1/3/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 3, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. MARY'S</b>	
24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>					

DATE REC'D BY LOCAL REG. <b>LS-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>By Lane [Signature] [Address]</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 18 1955

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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..... *H. L. Mc Cann*

Licensed Embalmer No. *272*

P. O. Address *Springfield*

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.