

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8538**

BIRTH NO. 153.39-55 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	c. LENGTH OF STAY (In this place) <u>3 Days</u>	c. CITY OR TOWN <u>Joplin</u>	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 <u>St. John's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>St. John's Hospital</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Terry</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Diederich</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>3-15-1955</u>
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR <u>0</u> Months <u>3</u> Days	IF UNDER 14 HRS. <u>0</u> Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. John's Hosp, Joplin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Sylvester Diederich</u>	13b. MOTHER'S MAIDEN NAME <u>Lillian Owen</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvester Diederich</u>	ADDRESS <u>Carl Junction, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral edema & congestion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia.</u> 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 <u>7630</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 3-18, 1955, to 3-18, 1955, that I last saw the deceased alive on 3-18, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Judette McClure</u> (Degree or title) <u>MO</u>	23b. ADDRESS <u>327 Fusio Bldg - Joplin</u>	23c. DATE SIGNED <u>3-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-19-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-22-55</u>	REGISTRAR'S SIGNATURE <u>Ed S. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Jones</u>	ADDRESS <u>Carl Jct., Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Grand ...
Date Filed
MAR 28 1933

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 Lawrence E. Arn

Licensed Embalmer No. 44

P. O. Address West A

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.