

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25772

State File No.

FILED AUG 19 1955

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) Rural-Poef	c. LENGTH OF STAY (in this place) 39 Yrs	c. CITY OR TOWN Berger	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 Aug Diederich Residence		STREET ADDRESS (If rural, give location) 1 1/2 Miles East of Berger	

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS	b. (Middle) GEORGE	c. (Last) DIEDERICH	4. DATE OF DEATH (Month) (Day) (Year) 8 17 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-15-1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 4 Days 2	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Work	10b. KIND OF BUSINESS OR INDUSTRY Wd Box Mfg	11. BIRTHPLACE (City and State or Foreign Country) Berger Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Phillip Diederich	13b. MOTHER'S MAIDEN NAME Caroline Speckhals	14. NAME OF HUSBAND OR WIFE ----- None
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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. None	17. INFORMANT'S SIGNATURE OR NAME August Diederich Berger, RFD Mo	ADDRESS Berger, RFD Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			5 yrs.
	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Aug. 13**, 19**55**, to **Aug. 17**, 19**55**, that I last saw the deceased alive on **Aug. 15**, 19**55**, and that death occurred at **12:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Gus Feld (Degree or title) D. O.	23b. ADDRESS New Haven, Mo.	23c. DATE SIGNED 8/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-20-1955	24c. NAME OF CEMETERY OR CREMATORY St. John's E&R Cem	24d. LOCATION (City, town, or county) (State) Berger Mo
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DATE REC'D BY LOCAL REG. 8/18/55	REGISTRAR'S SIGNATURE Nettie Murgler	501	25. FUNERAL DIRECTOR'S SIGNATURE Paul H Blumer	ADDRESS Berger Mo
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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.....

Hagost. P. ...

Licensed Embalmer No. 316

P. O. Address *Herrman*

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.