

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41647**

FILED JAN 4 - 1956

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 307		
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Moberly Mo)		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Higbee Mo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: McCormick Hospital Moberly				e. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) Albert			a. (First)		b. (Middle)		c. (Last) Diltz.	
4. DATE OF DEATH Dec 21 1955		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 10 1880		
5. SEX Male		6. COLOR OR RACE White		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Clayton Diltz.			13b. MOTHER'S MAIDEN NAME Angeline Hendrix.			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ben Diltz. Higbee 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive circulatory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Hypertension Heart Disease DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. T. B.					INTERVAL BETWEEN ONSET AND DEATH 48 hrs unknown unknown	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____				
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? _____				
22. I hereby certify that I attended the deceased from Nov, 23, 1955 , to Dec. 21, 1955 , that I last saw the deceased alive on Dec 21, 1955 , and that death occurred at 3:45 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Per Y. Brodinson, D.O. (Degree or title)				23b. ADDRESS Higbee Mo.		23c. DATE SIGNED 12-24-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 23-55		24c. NAME OF CEMETERY OR CREMATORY City.		24d. LOCATION (City, town, or county) (State) Higbee Mo		
DATE REC'D BY LOCAL REG. 12-23-55		REGISTRAR'S SIGNATURE Carroll		25. FUNERAL DIRECTOR'S SIGNATURE Burton Funeral Home. Higbee Mo ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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 *W. J. Triemont*.....

Licensed Embalmer No. *39*.....

P. O. Address *Glasgow*.....

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.