

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

722

State File No. ....

FILED JAN 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWNSHIP) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 5 Miles E. Highway Jefferson City</u>	
c. LENGTH OF STAY (In this case) _____		d. STREET ADDRESS (If rural, give location) <u>Rural 5 Miles E. Highway 02601</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>High &amp; Madison St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Diedrich Samuel</u>	b. (Middle) <u>Bockhorst</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan, 6, 1956</u>
-------------------------------------	-----------------------------------	------------------------------	-----------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 10, 1882</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>73 10 26</u>
--------------------	-------------------------------	---	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>John Bockhorst</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Estela Bockhorst (Wieferch)</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Estela Bockhorst Jefferson City, Mo.</u>
---	-----------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u> <u>8 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____	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 1957, 19  , to 1/6/56 19  , that I last saw the deceased alive on 1/6, 1956, and that death occurred at 11:20a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Eber MD</u>	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>1/7/56</u>
--	---------------------------------------	--------------------------------

24a. PORTAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan, 9, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo., ...</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7 Jan 1956</u>	REGISTRAR'S SIGNATURE <u>R.C. Davis MD-MR.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Benschel Jefferson City Mo</u>
--	--	---

**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.

Signed \_\_\_\_\_

*Arthur Buescher*

Student .....  
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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 this body is not embalmed, fact should be so stated above.