

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12385

BIRTH NO. _____		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 500
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		
c. LENGTH OF STAY (in this place) Most of life		d. STREET ADDRESS (If rural, give location) 325 A Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		0117		
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) J.		c. (Last) Dieter
4. DATE OF DEATH (Month) (Day) (Year) May 2, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 12, 1871	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Mushroom Grower		10b. KIND OF BUSINESS OR INDUSTRY Own business		11. BIRTHPLACE (City and State or Foreign Country) DeKalb County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Jacob Dieter		13b. MOTHER'S MAIDEN NAME Kathryn Dietz		14. NAME OF HUSBAND OR WIFE Freda Dieter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Freda Dieter
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, asthma, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS St. Joseph, Mo.		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage		MEDICAL CERTIFICATION		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Unk.		
DUE TO (c) Fell off the bed at 9:00a.m. on April 20, 1956 fracturing right hip.		II. OTHER SIGNIFICANT CONDITIONS		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 20, 1956 9:00A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell off the bed.
22. I hereby certify that I attended the deceased from 10/15 1954, to 5/2 1956, that I last saw the deceased alive on 5/1 1956, and that death occurred at 2:25 A.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Quentin W. Blaney M.D.</i>		23b. ADDRESS Tootle Building St. Joseph, Missouri		23c. DATE SIGNED 5/3/56
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.				
DATE REC'D BY LOCAL REG. May 8, 1956		REGISTRAR'S SIGNATURE <i>Evelyn M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Merced Hoffman</i> ADDRESS <i>St. Joseph, Mo.</i>

(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 .....  
Student Embalmer

Signed

*Raymond W. Merche*

Licensed Embalmer No. 4413 Mo.

P. O. Address St. Joseph, Mo.

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.