

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17245

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>217</u>			
1. PLACE OF DEATH a. COUNTY <u>rettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cole Camp</u> d. STREET ADDRESS (If rural, give location) _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>				c. LENGTH OF STAY (In this place) <u>12 hrs</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Thomas</u>		b. (Middle) <u>Gordon</u>		c. (Last) <u>Dieckman</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22nd 1956</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Confectionary</u>		8. DATE OF BIRTH <u>Jan. 27th 1939</u>		9. AGE (In years last birthday) <u>17</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u> IF UNDER 24 HRS. Hours _____ Mins. _____			
11. BIRTHPLACE (City and State or Foreign Country) <u>Cole Camp, Sedalia Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Louis Dieckman</u>		13b. MOTHER'S MAIDEN NAME <u>Lulu Dickhoff</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>542-42-8767</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis Dieckman Cole Camp 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic brain injury with respiratory paralysis</u> ANTECEDENT CAUSES <u>paralysis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Traumatic Shock</u> DUE TO (c) <u>Mangled left leg</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>11 1/2 hours</u> <u>11 hours</u> <u>11 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cole Camp Benton Mo</u>		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? <u>Motorcycle - auto accident</u>							
22. I hereby certify that I attended the deceased from <u>22 May, 1956</u> , to <u>22 May, 1956</u> , that I last saw the deceased alive on <u>22 May, 1956</u> , and that death occurred at <u>11A m.</u> , from the causes and on the date stated above.						23. DATE SIGNED <u>May 23 '56</u>			
23a. SIGNATURE (Degree or title) <u>David R. Edwards M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 24th 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-23-56</u>		REGISTRAR'S SIGNATURE <u>Wina Coontz, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. L. Eickhoff & Co. Cole Camp Mo</u>					

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

Declassified Embalmers' Statement on Reverse Side

EXPIRES
31 1956

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 Ed Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.