S. No. 300
v. 10.48

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

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30314

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 207

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington.
c. LENGTH OF STAY (in this place): 3 days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Franklin.
c. CITY OR TOWN: Washington.
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1441 E. 8th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Orlando
b. (Middle):
c. (Last): Diener

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2nd, 1956.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 28th, 1885.
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 6, Days 4 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Robert Diener.
13b. MOTHER'S MAIDEN NAME: Mary Mittendorf.
14. NAME OF ~~HUSBAND~~ WIFE: Amanda Diener.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Wilma Diener — ADDRESS: Washington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Parkinsons disease — 7 years.

DUE TO (c)

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: 350X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-30, 1956, *to* 10-3-56, 1956, *that I last saw the deceased alive on* 10-2, 1956, *and that death occurred at* 12:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lawrence Mitt (Degree or title) M.D.
23b. ADDRESS: 106 Elm Washington Mo.
23c. DATE SIGNED: 10-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 5, 1956.
24c. NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery.
24d. LOCATION (City, town, or county) (State): Washington, Mo.

DATE REC'D BY LOCAL REG.: 10/3/56
REGISTRAR'S SIGNATURE: F.C. Hedmann
25. FUNERAL DIRECTOR'S SIGNATURE: Hedmann Gieburg & Witt Inc. — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by Vernon C. Vedder, Student Embalmer No. 537

working under my personal supervision..

Student Vernon C. Vedder
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 238

P. O. Address Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.