

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31243

STATE FILE NUMBER

FILED SEP 19 1956

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 69

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waverly, Mo.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waverly, Mo.</u>		Inside Limits OR TOWN <u>Waverly, Mo.</u>		c. CITY OR TOWN <u>Alma,</u>		Inside Limits OR TOWN <u>Alma,</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kelling Hospital</u>		Length of stay in lb <u>10 da.</u>		d. STREET ADDRESS (If outside, give location) <u>0-5610</u>		Reside on Farm OR Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First <u>Henry</u>		Middle <u>John</u>		Last <u>Dieckhoff</u>		Month <u>9</u> Day <u>11</u> Year <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 16, 1872</u>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retire Businessman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Implement Bus.</u>		11. BIRTHPLACE (City and state or country) <u>Morgan County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Herman Dieckhoff</u>				14. MOTHER'S MAIDEN NAME <u>Mary Kevitt</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Erich F. Dieckhoff, Alma, Missouri</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio Vascular Renal Disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 year 5 mo</u>
Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) <u>none</u>							
DUE TO (c) <u>none</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>none</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>442X</u>				
20c. TIME OF INJURY Hour <u>9</u> Month <u>11</u> Day <u>30</u> Year <u>1956</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Waverly Mo</u>		
21. I attended the deceased from <u>4-1 1955</u> to <u>9-11-56</u> and last saw <u>him</u> alive on <u>9-11-56</u> <u>3:30 am</u> Death occurred at <u>3:50</u> <u>2:30</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Res A Kelling MP</u>				22b. ADDRESS <u>Waverly Mo</u>		22c. DATE SIGNED <u>9-12-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9/13/1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>		23d. LOCATION (City, town, or county) (State) <u>Alma, Lafayette, Missouri</u>	
24. FUNERAL DIRECTOR <u>Wm H. Premier</u> ADDRESS <u>Alma, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Sept 12-1956</u>		26. REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u>		

MAR 20 1967

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..... *Alfred H. Beane*

Licensed Embalmer No. 2696.

P. O. Address Alma, Miss.

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