

FILED JAN 7 1957 STANDARD CERTIFICATE OF DEATH

State File No. **40810**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **606**

<b>1. PLACE OF DEATH</b> a. COUNTY <i>Cape Girardeau</i>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Cape Girardeau</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Kelso Twp</i>	
c. LENGTH OF STAY (in this place) <i>30 days</i>		d. STREET ADDRESS (If rural, give location) <i>1 mile So of Founfelt</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Francis Hosp</i>			
<b>3. NAME OF DECEASED</b> (Type or Print) <i>DENNIS ANTON DIEBOLD</i>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <i>Dec 26, 1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 11, 1873</i>
9. AGE (In years last birthday) <i>83</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Near Kelso, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. MOTHER'S MAIDEN NAME <i>Josephine Kiefer</i>	
14. NAME OF HUSBAND OR WIFE <i>Margaret Ressel</i>		15. FATHER'S NAME <i>John I Diebold</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Anton Diebold Illmo, Mo</i>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>			

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		INTERVAL BETWEEN ONSET AND DEATH <i>24 days</i>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tremia</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardio-renal vascular disease</i>		<i>2 years</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <i>442X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>NO</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>_____</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>_____</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>_____</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>_____</i>

22. I hereby certify that I attended the deceased from *Dec 2*, 1956, to *Dec 26*, 1956, that I last saw the deceased alive on *Dec 25*, 1956 and that death occurred at *12:00 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Kelvin S. King M.D.</i>	23b. ADDRESS <i>Cape Girardeau, Mo</i>	23c. DATE SIGNED <i>12-28-56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12/29/56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Augustine's</i>
24d. LOCATION (City, town, or county) (State) <i>Kelso, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles Hoff</i>
DATE REC'D BY LOCAL REG. <i>12-31-56</i>	REGISTRAR'S SIGNATURE <i>W. C. Summers</i>	ADDRESS <i>Illmo, Mo</i>

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 Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.