

Health, Welfare and Public Service

FILED MAR 17 1958

STANDARD CERTIFICATE OF DEATH

58-010631 STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 92

300 -57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

1. PLACE OF DEATH a. COUNTY LIVINGSTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LIVINGSTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILlicoTHE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RURAL-RICHHILL TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL		Length of stay in 1b 3 DAYS	d. STREET ADDRESS (If outside, give location) 10 MILES N. E. CHILlicoTHE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES EMIL DIETRICH			4. DATE OF DEATH Month Day Year MARCH 9, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10 OCT. 1915	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) UTICA, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CHARLES EMIL DIETRICH		13b. MOTHER'S MAIDEN NAME EMMA METZNER	
14. NAME OF HUSBAND OR WIFE ✓		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MRS. EMMA DIETRICH, CHILlicoTHE, MO		Address RR#5		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Terminal Bronchial DUE TO (b) Cerebral Embolus DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH 1 day		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 1 - 47 to Mar 9 - 58 and last saw him alive on Mar 9 - 58 Death occurred at 11:27 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph A. Canrad M.D.			22b. ADDRESS Chillicothe, Mo		22c. DATE SIGNED Mar 10 - 58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-12-58	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC		23d. LOCATION (City, town, or county) (State) CHILlicoTHE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS NORMAN FUNERAL HOME: CHILlicoTHE			25. DATE RECD. BY LOCAL REG. 3-10-58	26. REGISTRAR'S SIGNATURE Frances B Neill	

Mo.

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 *Joseph M. Wilson*

Licensed Embalmer No. *4769*

P. O. Address *Chillicothe, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.