

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000876

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 110 Primary Registration District No. 4187 Registrar's No. 1

300
-57

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boeuf		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Berger RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		Length of stay in lb 75 Yrs	d. STREET ADDRESS (If outside, give location) 2 Mi East of Berger		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLARA MATILDA DIEDERICH			4. DATE OF DEATH Month Day Year Jan 9 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 9, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) Berger RFD Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Reinhardt		13b. MOTHER'S MAIDEN NAME Josephine Brethorst		14. NAME OF HUSBAND OR WIFE Charles Diederich	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Charles Diederich Berger RFD Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis Agitans					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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 June 6, 1955 to Jan. 9, 1959 and last saw her alive on Jan. 9, 1959 Death occurred at 6:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. H. D. O.</i>			22b. ADDRESS New Haven, Missouri		22c. DATE SIGNED 1/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 12, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Johns E&R Cem		23d. LOCATION (City, town, or county) (State) Berger Mo
24. FUNERAL DIRECTOR <i>Paul H. Blumer</i>		ADDRESS Berger Mo		25. DATE RECD. BY LOCAL REG. 1/10/1958	26. REGISTRAR'S SIGNATURE <i>Nellie Murphy</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert W. Blumer*

Licensed Embalmer No. *5055*
P. O. Address *Hermann, 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.