

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013920

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY OR TOWN Lexington		c. CITY OR TOWN Lexington	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lex. Memorial Hosp.		d. STREET ADDRESS 1712 Bloom	

3. NAME OF DECEASED (Type or print) HARVE DIERKING			4. DATE OF DEATH April 23 1959			
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5. SEX Male	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 July 4 1891	9. AGE (In years) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feed & Grain Dealer	10b. KIND OF BUSINESS OR INDUSTRY Agri. Feed Sales	11. BIRTHPLACE (City and state or country) Blachburn, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John Henry Dierking	13b. MOTHER'S MAIDEN NAME Betty Burchfield	14. NAME OF HUSBAND OR WIFE Margaret Denkers Dierking
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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 Mrs. Margaret Dierking	Address Lexington, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>generalized peritonitis</i> DUE TO (b) <i>perforated diverticulum cecum</i> DUE TO (c) <i>5721</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Shin shape branch pneumonia</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. 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
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21. I attended the deceased from April 2 1959 to April 22 and last saw him alive on April 22 1959 Death occurred at 12:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Ralph W. Kelly M.D.</i>	22b. ADDRESS Lexington, Mo	22c. DATE SIGNED 4-23-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/24/59	23c. NAME OF CEMETERY OR CREMATORY Lexington Memory Gardens	23d. LOCATION (City, town, or county) Lexington, Mo.	(State)
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24. FUNERAL DIRECTOR Grunk-Walker	ADDRESS Lexington, Mo.	25. DATE RECD. BY LOCAL REG. 4-27-59	26. REGISTRAR'S SIGNATURE <i>M. H. ...</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 14 1950

VS MAY 11 1950

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 *Harold P. Walker* .....

Licensed Embalmer No. *4588*  
P. O. Address *Lexington, 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.