

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017253

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 115-116

Primary Registration District No. 3020

Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>101 E. Second St.</i>		Length of stay in lb <i>74 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>101 E. Second St.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Mathilda C. Dieckmann</i>			4. DATE OF DEATH Month Day Year <i>May 18 1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 13, 1885</i>
9. AGE (In years last birthday) <i>74</i>		IF UNDER 1 YEAR Months Days Hours Min. <i>4 5</i>	9. AGE (In years last birthday) <i>74</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <i>Home Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (City and state or county) <i>Washington Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>John Henry Dieckmann</i>	13b. MOTHER'S MAIDEN NAME <i>Wilhelmine Helm</i>
14. NAME OF HUSBAND OR WIFE <i>Charles Dieckmann</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT <i>Charles Dieckmann, Washington Mo.</i>		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>Thrombotic</i> DUE TO (b) <i>cardiovascular disease</i> DUE TO (c) <i>Unknown</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Found dead in home -</i>		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 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 _____ to _____ and last saw her alive on _____ Death occurred at <i>4:00 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert L. Dieckmann</i>		22b. ADDRESS <i>Union Mo</i>	
22c. DATE SIGNED <i>5-19-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <i>May 21, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>H. Stein Cemetery</i>	
23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>		24. FUNERAL DIRECTOR <i>Dieburg & Sons, Washington Mo</i>	
25. DATE RECD. BY LOCAL REG. <i>5/20/59</i>		26. REGISTRAR'S SIGNATURE <i>J.P. Dieckmann & J.C. Dieckmann</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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17
7
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(Licensed Embalmer's Statement on Reverse Side)

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 *Lester A. Pitt*

Licensed Embalmer No. *3254*
P. O. Address *Washington, Md.*

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.