

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020616

FILED JUL 7 1959 53

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 232

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 5 years		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1845 Woodlawn		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle G Last Dierkes				4. DATE OF DEATH Month June Day 30 Year 1959				
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 1-22-1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive		10b. KIND OF BUSINESS OR INDUSTRY Incineration		11. BIRTHPLACE (City and state or country) Quincy, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME August Dierkes			13b. MOTHER'S MAIDEN NAME Margaret UNKNOWN			14. NAME OF HUSBAND OR WIFE Ann Dierkes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 345-01-4769		17. INFORMANT Address Ann Dierkes Cape Girardeau, 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) Carcinoma Right Lung with Generalized metastasis 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH 18-months	
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 _____ a.m. _____ p.m. Month, Day, Year _____								
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 February, 1959 to June, 1959 and last saw him alive on June 30, 1959 Death occurred at 7:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>W. G. Smith MD</i> (Degree or title)				22b. ADDRESS 1912 Broadway, Cape Girardeau, Mo.		22c. DATE SIGNED 7-1-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 2, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetary		23d. LOCATION (City, town, or county) Cape Girardeau, Mo.		(State)	
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.			25. DATE RECD. BY LOCAL REG. 7-3-1959		26. REGISTRAR'S SIGNATURE <i>Jane Kasten</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 8 1959

AUG 1 1959

MS AUG 7 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Fred

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.