

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029909

FILED VS AUG 31 1959

Registration District No. 254 Primary Registration District No. 4386 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Thayer</u>			Length of stay in 1b <u>4 year</u>		c. CITY OR TOWN <u>Thayer</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		
3. NAME OF DECEASED (Type or print) First <u>Luettie</u> Middle <u>Diles</u> Last <u>Diles</u>		4. DATE OF DEATH Month <u>August</u> Day <u>24</u> Year <u>1959</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/15/1888</u>	9. AGE (last birthday) <u>71</u>	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) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>New Liberty, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Tom Tinkler</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Jefferson Diles</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Jefferson Diles</u> Address <u>Thayer, Missouri</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 <u>8-1-59</u> , to <u>8-24-59</u> and last saw her <u>him</u> alive on <u>8-24-59</u> Death occurred at <u>9:15</u> <u>P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>John M. Erickson M.D.</u> (Degree or title)				22b. ADDRESS <u>Thayer, Mo.</u>			22c. DATE SIGNED <u>8-26-59</u>	
23a. BURIAL, CREMATION, REMOVAL. (Specify) <u>Burial</u>		23b. DATE <u>8-29-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Jeff Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Jeff, Missouri</u>		
24. FUNERAL DIRECTOR <u>Edward Carter</u> ADDRESS <u>West Plains, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>8-26-59</u>		26. REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *James Carter*

Licensed Embalmer No. 4576

P. O. Address *West Plains*

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