URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 17 1959

'59 044899

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No.

AMENDED

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn
Length of stay in 1b five weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linn Manor Rest Home
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1304 Peyton Drive
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CALLIE Middle (NMN) Last DIERCKS

4. DATE OF DEATH Month December Day 12th Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH May 27 1876
9. AGE (last birthday) 82
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Brazito, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Scott
13b. MOTHER'S MAIDEN NAME Nancy Scrivner
14. NAME OF HUSBAND OR WIFE Frank Diercks, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Arthur Betts 1304 Peyton Drive Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypostatic Pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Arteriosclerosis, generalized

INTERVAL BETWEEN ONSET AND DEATH 7 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pernicious Anemia, Chronic Osteoporosis Spine

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-8-59, to 12-12-59 and last saw her alive on 12-10-59

Death occurred at 2:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Norman W. Baldwin (Degree or title) DO
22b. ADDRESS Linn
22c. DATE SIGNED 12/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 14th 1959
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

24. FUNERAL DIRECTOR ADDRESS Tanner Service, Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG. 12/14/59
26. REGISTRAR'S SIGNATURE Mrs. Lloyd Morton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald P. Freeman

Signature of Student Embalmer

Licensed Embalmer No. 462

P. O. Address

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