

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**60-014613**

FILED VS APR 18 1960

77 Primary Registration District No. 3016 Registrar's No. 131

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY, MO.</b>		c. CITY OR TOWN <b>JEFFERSON CITY</b>	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST MARYS HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>702 Broadway</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>ROSE HENRYETTA DIECKRIEDE</b>			4. DATE OF DEATH Month Day Year <b>April 2, 1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/1/92</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>5 1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>LUYSTOWN, MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>ARNOLD LOCK</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET SCHEULEN</b>	
14. NAME OF HUSBAND OR WIFE <b>G H (GUS) DIECKRIEDE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT <b>G H (GUS) DIECKRIEDE J C MO.</b>		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Rupture of the Heart</b>		<b>minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) <b>Myocardial Infarction</b>		<b>6 days</b>
DUE TO (c) <b>Coronary Arteriosclerosis</b>		<b>yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>		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 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.)	
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 **1955** to **April 2 1960** and last saw her/him alive on **April 2 1960**  
Death occurred at **4:35 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Frank T. Meier M.D.</b>		22b. ADDRESS <b>Jeff. City, Mo.</b>		22c. DATE SIGNED <b>4/4/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4/5/60</b>	23c. NAME OF CEMETERY OR CREMATORIAL <b>Resurrection</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Sylvester Delle</b>	ADDRESS <b>J C Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 1960</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Norris M.D. - Wheeler Reg</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 17 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by 100 19 15

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Sylvester Dulle*

Licensed Embalmer No. 432

P. O. Address \_\_\_\_\_

*Jefferson*

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.