

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-037686

FILED VS. NOV 14 1960

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Primary Registration District No. 3010

Registrar's No. 440

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 8 days	c. CITY OR TOWN Benton 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) behind Urbahn Station Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clementine — Diebold			4. DATE OF DEATH Month Day Year November 2, 1960
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-6-1863
9. AGE (last birthday) 97		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) House work		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) New Hamburg Community
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Jacob Diebold	
13b. MOTHER'S MAIDEN NAME Olympia Gauthier		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Vic Bollinger Address Benton, 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) Fracture intertrochanteric left femur. DUE TO (b) Fracture Colles left wrist. DUE TO (c) Severe arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 8 da.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile changes - osteoporosis - cardiac failure			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fall from wheel chair getting in bed at home.	
20c. TIME OF INJURY Hour Month, Day, Year 7:00 a.m. 10-25-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		20f. CITY, TOWN, OR LOCATION Benton	COUNTY STATE Scott Mo.
21. I attended the deceased from 10-25-60 , to 11-2-60 and last saw her ^{him} alive on 11-2-60 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas S. Ottmoe		22b. ADDRESS 1912 Broadway Cape Girardeau Mo.	22c. DATE SIGNED 11-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-5-1960	23c. NAME OF CEMETERY OR CREMATORY St. Lawrence Cath. Crematory	23d. LOCATION (City, town, or county) (State) New Hamburg, Mo.
24. FUNERAL DIRECTOR Ford & Sons ADDRESS Benton, Mo.		25. DATE RECD. BY LOCAL REG. 11-10-1960	26. REGISTRAR'S SIGNATURE Gene Kasten

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 _____ *W. J. Ford*

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau

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.