

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED vs NOV 29 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 231 Registrar's No. 4342

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <u>Jonesburg</u>		Length of stay in 1b	c. CITY OR TOWN <u>Jonesburg</u> Inside Limits Yes <input 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) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>Edward</u> Last <u>DIKMANN</u>			4. DATE OF DEATH Month <u>11</u> Day <u>17</u> Year <u>60</u>			
5. SEX <u>Male</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>6-20-98</u>	9. AGE (last birthday) <u>62</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>Labour</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY	

13a. FATHER'S NAME <u>Herman Diekmann</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Biever</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Diekmann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>488-125304</u>	17. INFORMANT Address <u>Ida Diekmann Jonesburg Mo</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>CORONARY THROMBOSIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CEREBRAL HAEMORRAGE</u>			<u>6-15-59</u>
	DUE TO (c) <u>CHRONIC MYOCARDITIS</u>			<u>P</u>
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	

19. WAS AUTOPSY PERFORMED? YES <input 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 . Month, Day, Year a.m. p.m.			
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 June 15, 1959 to Nov. 17, 1960 and last saw her alive on Nov 6, 1960
Death occurred at Nov 17 7:AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>James O. Helm MD</u>		22b. ADDRESS <u>New Florence Mo</u>		22c. DATE SIGNED <u>11-18-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-19-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>	23d. LOCATION (City, town, or county) (State) <u>Jonesburg Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>G. A. Harding Jonesburg Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 23, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. John W. Dyke Jr. Deputy</u>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

DEC 6 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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Carl N. Hader

Licensed Embalmer No. 411

P.O. Address Jonesburg, Mo.

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.