

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007677

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 253

STATE FILE NUMBER

AMENDED

FILED MAR 20 1961

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Length of stay in 1b 70 Yrs | c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 439 North 17th St. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 439 North 17th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First MARY Middle A. Last DIETSCH | | | 4. DATE OF DEATH Month March Day 10, Year 1961 | |
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|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-30-1868 | 9. AGE (last birthday) 93 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Leavenworth, Kans. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME Mathias Penning | 13b. MOTHER'S MAIDEN NAME Elizabeth Bramlage | 14. NAME OF HUSBAND OR WIFE Louis |
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| 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. | 17. INFORMANT Elise Scanlon Address 439 No. 17th. City City |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis INTERVAL BETWEEN ONSET AND DEATH 25 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Cerebral Arteriosclerosis unknown |
| | DUE TO (c) Arteriosclerosis unknown |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pemphigus | 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year |
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|--|--|---|----------------------------------|-------|
| 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 St. Joseph, Missouri | COUNTY St. Joseph, Mo. | STATE |
|--|--|---|----------------------------------|-------|

21. I attended the deceased from 2/25/58 to 3/10/61 and last saw her alive on 3/9/61
Death occurred at 9:35 a m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Sharon E. Waggoner M.D. | 22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri | 22c. DATE SIGNED 3/10/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-13-61 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
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| 24. FUNERAL DIRECTOR H.D. Sidenfaden & Son St. Joseph, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. Mar. 10, 1961 | 26. REGISTRAR'S SIGNATURE Mrs. Clark Standell |
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R.R. 9.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

THIS RECORD IS TO BE FILED AS FOLLOWS

MISSOURI MEDICAL CERTIFICATION

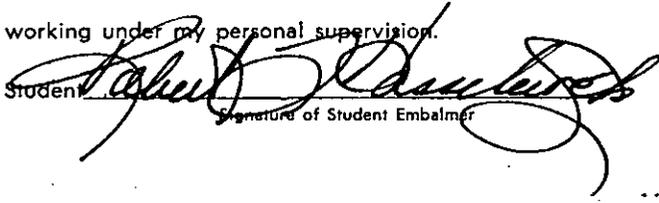
S.E. Waggoner, M.D.

STATEMENT BY LICENSED EMBALMER

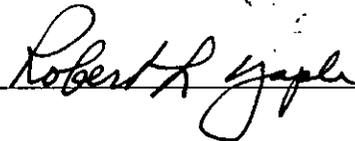
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by ROBERT L. HASSEBROEK, Student Embalmer No. 617

working under my personal supervision.

Student


Signature of Student Embalmer

Signed



Licensed Embalmer No.

3308

P. O. Address

St Joseph, 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.