MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030013
STATE FILE NUMBER

AMENDED

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 35

FILED AUG 28 1961

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b 26 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 602 McGowan Street — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 602 McGowan Street — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: CLIFFORD ALVENE DIEMER
4. DATE OF DEATH Month Day Year: August 19, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/6/1878
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months 8, Days 13 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner - Frist + Vegtable
10b. KIND OF BUSINESS OR INDUSTRY: Gardening
11. BIRTHPLACE (City and state or country): State of Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John P. Diemer
13b. MOTHER'S MAIDEN NAME: Amelia Silvers
14. NAME OF HUSBAND OR WIFE: Rubie Diemer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Rubie Diemer, Address: Brookfield, 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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 10 yrs
DUE TO (c): Hypertension — 10 yr
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. ☐ 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 1959 to date and last saw him alive on 8-19-61
Death occurred at at Home 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. B. Simpson DO
22b. ADDRESS: Brookfield Mo
22c. DATE SIGNED: 8/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 21, 1961
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Hill Funeral Home, Brookfield Mo
25. DATE RECD. BY LOCAL REG.: 8-21-61
26. REGISTRAR'S SIGNATURE: Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

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_____ Signed Gerald I. Wade

Signature of Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Brown

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.