

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042173

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 4181 Registrar's No. 337

FILED NOV 19 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berger		Length of stay in 1b 3 Yrs	c. CITY OR TOWN Berger Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Residence		d. STREET ADDRESS (If outside, give location) Main Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALBERT Middle PHILLIP Last DIETERLE		4. DATE OF DEATH Month Nov Day 9 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jun 7, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer	9. AGE (last birthday) 76 IF UNDER 1 YEAR: Months 5 Days 2 Hours 2 Min.
11a. FATHER'S NAME Conrad Dieterle		11b. MOTHER'S MAIDEN NAME Caroline Bade	11c. BIRTHPLACE (City and state or country) Berger, Mo.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12b. SOCIAL SECURITY NO. <input type="checkbox"/>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
14a. NAME OF HUSBAND OR WIFE Helen Dieterle		14b. ADDRESS Mrs. Helen Dieterle, Berger, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Paralysis agitans			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 _____ 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 10/13/49 to 11/9/62 and last saw him alive on 11/8/62 Death occurred at 6:30A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. P. Eisenmann (Degree or title) M.D.		22b. ADDRESS New Haven, Missouri	22c. DATE SIGNED 11/10/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-11-62	23c. NAME OF CEMETERY OR CREMATORY St. John's E&R Cem	23d. LOCATION (City, town, or county) Berger (State) Mo.
24. FUNERAL DIRECTOR Pamett Blumer ADDRESS Berger Mo		25. DATE RECD. BY LOCAL REG. 11/13/62	26. REGISTRAR'S SIGNATURE Leola G. Hudmann

USE BLACK INK OR TYPEWRITER RIBBON

NOV 20 1962

NOV 28 1962

*Permit received 11/9/62
By [Signature] P.M.
[Signature] Deputy*

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 [Signature]

Licensed Embalmer No. 5055

P. O. Address [Signature], 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.