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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21706**

Registration District No. **305**

Primary Registration District No. **4184**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **GASCONADE**
(b) City or town **OWENSVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OWENSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **82 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **LYDIA WILEMENA DIESTELKAMP**

8. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **HENRY DIESTELKAMP** 6. (c) Age of husband or wife if alive **DEAD** years

7. Birth date of deceased **APRIL 18 1858**
(Month) (Day) (Year)

8. AGE: Years **82** Months **1** Days **19** If less than one day hr. min.

9. Birthplace **THIRD CREEK MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business

MOTHER FATHER { 12. Name **JOSEPH NEIDERT**

18. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **DORA LEWELSEN**

15. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frank Ricks**

(b) Address **Owensville Mo.**

17. (a) **BURIAL** (b) Date thereof **JUNE 9 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **OWENSVILLE CITY CEM.**

18. (a) Signature of funeral director **W.F. Gatterstrater**

(b) Address **OWENSVILLE Mo.**

19. (a) **6-1940** (b) **Wm. A. Barnes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **GASCONADE**
(c) City or town **OWENSVILLE**
(If outside city or town limits, write "RURAL")
(d) Street No. **✓** (If rural, give location)
(e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **7**
year **1940** hour **8:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **May 21, 1940**
to **June 7, 1940**
that I last saw her alive on **June 7, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Auricular Fibrillation** Duration **5 days**

Due to **Hydropneumonia, Left, marked** 6 mos.

Due to **Hypertension** 2 yrs.

Other conditions (Include pregnancy within 3 months of death) **123 100**

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature **Paul A. Born** (M. D. or other) **MD**

Address **Owensville, Mo.** Date signed **6-8-40**

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed W.F. Gottenstrater

Licensed Embalmer No. 1444

P. O. Address Owenville

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 this body is not embalmed, above space should be left blank.