

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32280**

Registration District No. **411** Primary Registration District No. **2002** Registrar's No. _____

1. PLACE OF DEATH: Jasper
(a) County
(b) City or town **Joplin**
(c) Name of hospital or institution: **Freeman Hospital**
(d) Length of stay: In hospital or institution **12 hours**
In this community **6 months**

3. (a) PRINT FULL NAME **Mrs Ida May Diatterich**

3. (b) If veteran, name war ********* 3. (c) Social Security No. *********

4. **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Wm. F. Diatterich** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **March 16th 1882**

8. AGE: Years **58** Months **5** Days **28** If less than one day hr. min.

9. Birthplace **Independence Mo.**

10. Usual occupation **House duty**

11. Industry or business _____

12. Name **Dudley Noland**

13. Birthplace **no record**

14. Maiden name **Anne Hulse**

15. Birthplace **No record**

16. (a) Informant **Wm. F. Diatterich**

(b) Address **1733 Harlem St.**

17. (a) **Burial** (b) Date thereof **9-17-40**

(c) Place: burial or cremation **MT. WASHINGTON CEM.**

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **212 Joplin St.**

19. (a) **9-16-40** (b) **Ed Jensen**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(d) Street No. **1733 Harlem.**

20. DATE OF DEATH: Month **14th** day **Sept.** year **1940.** hour **7** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Sept 12** 19**40** to **Sept 14** 19**40**
that I last saw her alive on **Sept 14** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute dilatation of heart**

Due to **Surgery, Emphysema of gall bladder drained.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Emphysema of Gall bladder**

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? _____

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

(Specify type of place) _____

23. Signature **Ed Jensen** (M. D. or other) _____

Address **Joplin Mo** Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9
7
5

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Steve D. Parker,

Licensed Embalmer No. 25148

P. O. Address: Joplin 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 this body is not embalmed, fact should be so stated above.