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

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11195

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 4486 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BENTON
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BENTON, MO. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT 100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BENTON 0
d. STREET ADDRESS (If rural, give location): BENTON, MO. 0

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): ALVINA
c. (Last): DIRNBERGER

4. DATE OF DEATH (Month) (Day) (Year): MARCH 12 1949

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 25 1885
9. AGE (In years last birthday): 63 — If under 1 year: Months 4, Days 17, If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEW HAMBURG, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: THEOPHIL SCHERER
13b. MOTHER'S MAIDEN NAME: MARY M. GLASSTETTER
14. NAME OF HUSBAND OR WIFE: FRANK A. DIRNBERGER

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.:
17. INFORMANT'S SIGNATURE OR NAME: FRANK A. DIRNBERGER — **ADDRESS**: BENTON, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Vascular disease — 2
DUE TO (c) Arterio Sclerosis — 1

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4 5X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* July 48, 19___, *to* 11 march, 1949, *that I last saw the deceased alive on* 11 March, 1949, *and that death occurred at* 8:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas. Mirer M.D.
23b. ADDRESS: Lilbourn Mo
23c. DATE SIGNED: 16 March 49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 15 1949
24c. NAME OF CEMETERY OR CREMATORY: NEW GUARDIAN ANGELS
24d. LOCATION (City, town, or county) (State): ORAN? SCOTT COUNTY MO.

DATE REC'D BY LOCAL REG.: Mch-21-49
REGISTRAR'S SIGNATURE: Mrs Addie Harris 995
25. FUNERAL DIRECTOR'S SIGNATURE: Earl J. Smith
ADDRESS: Oran, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 349
Date Filed 3-25-

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.

Signed Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Oran, Mo.

Signed .....
Student Embalmer

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.