

STANDARD CERTIFICATE OF DEATH

State File No. **41768**

FILED JAN 6 1950

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—66

BIRTH NO.		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 4326		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) Olean		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Olean		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Kate		b. (Middle) U.		c. (Last) Diercks		4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 26, 1873	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 1 Days 4		IF UNDER 24 HRS. Hours 1 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) Bagnell, Missouri D		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John T. Sullens		13b. MOTHER'S MAIDEN NAME Florence L. Wright		14. NAME OF HUSBAND OR WIFE August Diercks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS August Diercks Olean, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis Heart Disease ANTECEDENT CAUSES Chronic myocarditis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 2 , 19 49 , to Dec. 22 , 19 49 , that I last saw the deceased alive on Dec 2 , 19 49 , and that death occurred at 2:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or Title) Scott C. Murrell, D.O.				23b. ADDRESS Olean, Mo		23c. DATE SIGNED 12/31/49	
24a. BURIAL / CREMATION / REMOVAL (Specify) Burial		24b. DATE Jan. 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Olean		24d. LOCATION (City, town, or county) (State) Olean, Missouri	
DATE REC'D BY LOCAL REG. Dec. 31, 1949		REGISTRAR'S SIGNATURE Adrianna Walt		25. FUNERAL DIRECTOR'S SIGNATURE James S. Phillips		ADDRESS Local	

RECEIVED
JAN 3 1950
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed *Louis A. Phillips*
Licensed Embalmer No. *3663*
P. O. Address *Ledon*

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.