

FILED MAR 6 1950

## STANDARD CERTIFICATE OF DEATH

State File No. ....

7354

BIRTH NO.		REG. DIST. NO. <u>252</u>		PRIMARY REG. DIST. NO. <u>6198</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Taney</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		a. STATE <u>MO</u>		b. COUNTY <u>Taney</u>	
c. LENGTH OF STAY (In this place) <u>8 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		d. STREET ADDRESS (If rural, give location) <u>MO 0</u>		1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Biggs Comm. Hospital</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>John</u>		b. (Middle)	c. (Last) <u>Diehl</u>		(Month) <u>2</u>	(Day) <u>15</u>	(Year) <u>1950</u>
(Type or Print)							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 23-1891</u>		9. AGE (In years last birthday) <u>58</u>	if UNDER 1 YEAR Months <u>22</u>	if UNDER 24 HRS. Hours <u>22</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning Business</u>		11. BIRTHPLACE (State or foreign country) <u>MO 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John A. Diehl</u>		13b. MOTHER'S MAIDEN NAME <u>Eleabeth Diehl</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie Diehl</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Diehl</u>		ADDRESS	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 hr.</u>			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
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 <u>2/15</u> , 19 <u>50</u> , to <u>2/15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/15</u> , 19 <u>50</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry T. Evans</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Branson MO</u>		23c. DATE SIGNED <u>2/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-18-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirkwood</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>		<u>Branson</u>
DATE REC'D BY LOCAL REG. <u>Feb 22-1950</u>		REGISTRAR'S SIGNATURE <u>E. Cogwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Wheelchell</u>		ADDRESS <u>Branson MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 27 1950  
District Health Office No. 6,  
District File Number 250-268  
Date Filed 2-28-50

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Minnie J. Whelake*

Licensed Embalmer No. 2777

P. O. Address *Dunson*

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.