

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16384

BIRTH NO. _____		REG. DIST. NO. <u>117</u>		PRIMARY REG. DIST. NO. <u>5435</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf Twp</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf Twp</u> <u>0330</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. South of Swiss</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. South of Swiss</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SOPHIE</u> b. (Middle) <u>JOHANNA</u> c. (Last) <u>DIEBAL</u>				4. DATE OF DEATH (Month) <u>May</u> (Day) <u>4</u> (Year) <u>1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 29, 1881</u>	
9. AGE (In years last birthday) <u>69</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>John Pfost</u>				13b. MOTHER'S MAIDEN NAME <u>Johanna Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Ferdinand Diebal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ferdinand Diebal, Hermann, Mo</u> ADDRESS <u>RFD</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of uterus</u> 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 <u>8 wks.</u> <u>3 yrs</u> <u>174X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 <u>May 20, 1950</u> , to <u>May 4, 1950</u> , that I last saw the deceased alive on <u>May 1, 1950</u> , and that death occurred at <u>7:30P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. G. Jeter</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>5/5/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ev. St. John Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Swiss, Mo</u>	
DATE RECD BY LOCAL REG. <u>5/7/50</u>		REGISTRAR'S SIGNATURE <u>W. M. Mendenhall</u>		2022 FEMERAL DIRECTOR'S SIGNATURE <u>Hugot & Shum</u>		ADDRESS <u>Hermann, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Hugott Plummer

Signed _____
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address. Hermann, 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.