

FILED JUL 10 1950

STANDARD CERTIFICATE OF DEATH

19693

State File No.

BIRTH NO. _____ REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5265 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" CHADWICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (in this place) <u>2 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>2006 W. CALHOUN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED SPARTA</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLGA</u>	b. (Middle) <u>LEOTA</u>	c. (Last) <u>DIPLEY</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JUNE 18 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>SEPT. 24-1912</u>	9. AGE (In years last birthday) <u>37</u>	10. MONTHS <u>8</u>	11. DAYS <u>24</u>	12. IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	---------------------------------------	---	---------------------	--------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITRESS</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LUNCH COUNTER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>J.A. LOOMIS</u>	13b. MOTHER'S MAIDEN NAME <u>BESS WETER</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN H. DIPLEY</u>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>496-204678</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BESS LOOMIS, RED SPARTA, MO.</u>	ADDRESS
---	--	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Paralysis of nervous system</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis</u>		
	DUE TO (c) <u>no early treatment</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>029X</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) m.	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 Mar 1, 1930, to June 18, 1950, that I last saw the deceased alive on June 14, 1950, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.R. Festling M.D.</u>	23b. ADDRESS <u>Osark Mo</u>	23c. DATE SIGNED <u>June 25-50</u>
--	------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHADWICK CEMETERY CHADWICK MISSOURI</u>	24d. LOCATION (City, town, or county) (State)
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>June 29-50</u>	REGISTRAR'S SIGNATURE <u>Lillie Barr 58</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris Osark, Mo.</u>	ADDRESS
--	---	---	---------

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

220
1

RECEIVED 7-5-50

District Health Officer No. 5, SPRINGFIELD

District File Number 750-756

Date Filed 7-5-50

Faint, mostly illegible text from the reverse side of the certificate, including names and dates.

NOV 28 1950

NOV 10 1950

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.

Student
Student Embalmer

Signed

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address *Cleveland, 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.