

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4220**

FILED MAR 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>JEFFERSON CITY, MO.</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY</b>	
c. LENGTH OF STAY (In this place) <b>24 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>303 W. HIGH</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>303 W. HIGH</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MAUDE</b>	b. (Middle)	c. (Last) <b>DIECKRIEDE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 7, 1951</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 25, 1890</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>LINN, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>
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13a. FATHER'S NAME <b>WILLIAM FLANNIGAN</b>	13b. MOTHER'S MAIDEN NAME <b>KATHERINE MORAN</b>	14. NAME OF HUSBAND OR WIFE <b>J. H. DIECKRIEDE J. C. MO</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. H. Dieckriede</b>	ADDRESS <b>J. C. MO.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH  <b>4200</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>heart disease</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July 10, 1951**, to **March 7, 1951**, that I last saw the deceased alive on **March 4, 1951**, and that death occurred at **2 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Ockman M.D.</b> (Degree or title)	23b. ADDRESS <b>Jefferson City, Mo</b>	23c. DATE SIGNED <b>3/7/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MARCH 9, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>	24d. LOCATION (City, town, or county) (State) <b>JEFFERSON CITY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>March 9-51</b>	REGISTRAR'S SIGNATURE <b>R.P. Norris MD-NR</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Dulle</b>	ADDRESS <b>J. C. MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 3-12-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 3-12-51 \_\_\_\_\_

MAY 21 1957

MAR 16 1951

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 Syvester Dulle

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.