

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH79006
State File No.

| | | | | | | | |
|--|----------------------------------|---|--|--|------------------------|---|-----------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>82</u> | | PRIMARY REG. DIST. NO. <u>3017</u> | | Registrar's No. <u>38</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>COOPER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u> | | c. LENGTH OF STAY (in this place) <u>60 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u> | | <u>8272</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>728 SIXTH STREET</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>BARNERT</u> c. (Last) <u>DIEHL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 1 - 1951</u> | | | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>SEPT. 28 - 1878</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAILROAD</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SECTION</u> | | 11. BIRTHPLACE (State or foreign country) <u>COOPER COUNTY - MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>PETER DIEHL</u> | | 13b. MOTHER'S MAIDEN NAME <u>CAROLINE HUTH</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARY BRENGARTH DIEHL</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>704-12-4776</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILBUR DIEHL - BOONVILLE, MO.</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>Diabetes mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>over 2 years</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza -</u> | | | | | | <u>7 days</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) | | <u>260X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>3:31</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>3-26</u> , 19 <u>51</u> , to <u>4-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>51</u> , and that death occurred at <u>7:45 Am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W.E. Stone</u> | | | | 23b. ADDRESS <u>Boonville Mo.</u> | | 23c. DATE SIGNED <u>4-3-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>4/3/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>BOONVILLE - MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-3-51</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEGNER FUNERAL HOME - BOONVILLE</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 4-9-51 -----

APR 26 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 -----

working under my personal supervision.

Student -----
Student Embalmer

Signed James W. Stegner
Student Embalmer No. -----
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.