

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19460**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>621</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			c. LENGTH OF STAY (If this place) <u>2 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			<u>1117</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1315 Penn Street</u>				d. STREET ADDRESS (If rural, give location) <u>1315 Penn Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>		b. (Middle) <u>Luella</u>		c. (Last) <u>Diehl</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1951.</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>Nov. 2, 1871.</u>		9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Wyomang, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		# UNDER 24 HOURS _____ Min.
13a. FATHER'S NAME <u>George Hopkins</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Bogge</u>		14. NAME OF HUSBAND OR WIFE <u>Webster L. Diehl</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Webster L. Diehl</u>			ADDRESS <u>St. Joseph, Missouri.</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>Hypertensive Cardio Vascular Disease with arteriolat Nephroxclerosis with</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>ANEMIA</u> DUE TO (b) <u>Anemia</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Intertrochanteric Fracture right hip</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <u>Unknown</u>  <u>16 days</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <u>442X F</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) <u>SLIPPED ON FLOOR</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>5 17 51</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped on floor at home</u>			
22. I hereby certify that I attended the deceased from <u>May 18, 19 51</u> , to <u>June 2, 19 51</u> , that I last saw the deceased alive on <u>June 1, 1951</u> , and that death occurred at <u>4:28A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles Henry MO</u>				23b. ADDRESS <u>Tootle Building St. Joseph, Missouri</u>		23c. DATE SIGNED <u>6-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>June 12, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Caskey</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoffer</u>	ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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, *On* *by* \*\*\*\*\*

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Student Embalmer No. ....

working under my personal supervision.

Signed *Raymond D. Meehan*  
Licensed Embalmer No. *4413 Missouri.*

Signed \*\*\*\*\*  
Student Embalmer

P. O. Address *St. Joseph, Missouri.*

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.