

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21785

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 6119 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL (MORELAND TOWNSHP))		c. CITY (If outside corporate limits, write RURAL and give township) RURAL (MORELAND TOWNSHP)	
c. LENGTH OF STAY (in this place) 15yrs.		d. STREET ADDRESS (If rural, give location) R. F. D. #1 ORAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #1 ORAN			

3. NAME OF DECEASED (Type or Print)	a. (First) CLYDE	b. (Middle) MARCUS	c. (Last) DIRNBERGER	4. DATE OF DEATH (Month) (Day) (Year)	JUNE 2 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 2 1936	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME LINUS DIRNBERGER	13b. MOTHER'S MAIDEN NAME REGINA COMPAS	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME LINUS DIRNBERGER	ADDRESS ORAN, MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocuted - by Lightning		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9351			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 100 3	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE Rural-Oran Scott Mo.
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21d. TIME OF INJURY 6-2-51	(Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Lightning struck building while working
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22. I hereby certify that I attended the deceased from **Frank**, 19 **51**, and that death occurred at **2:00 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Clyde Lee	(Degree or title) Coroner 3 Dickston Mo.	23b. ADDRESS 6/8/51	23c. DATE SIGNED 6/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 5 1951	24c. NAME OF CEMETERY OR CREMATORY ST. LAWRENCE	24d. LOCATION (City, town, or county) (State) NEW HAMBURG MO.
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DATE REC'D BY LOCAL REG. June-18-51	REGISTRAR'S SIGNATURE Mrs. Addie Harmon	375	25. FUNERAL DIRECTOR'S SIGNATURE Earl J. Smith	ADDRESS ORAN, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 20 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 651-130

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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Orow 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.