

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32331

State File No. _____

LEO OCT 2 1951

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY VERNON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3808

d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA CITY HOSPITAL d. STREET ADDRESS (If rural, give location) 5644 Michigan Ave.

3. NAME OF DECEASED
a. (First) MABEL b. (Middle) FRANCES DIMON c. (Last) DIAMOND

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 21 '51.

5. SEX FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED

8. DATE OF BIRTH Feb. 28, 1895 **9. AGE** (In years last birthday) 56 **10. MONTHS** 6 **11. DAYS** 24 **12. IF UNDER 14 HRS.** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres. & Sec'y. David Chalmers Co. **10b. KIND OF BUSINESS OR INDUSTRY** David Chalmers Co.

11. BIRTHPLACE (State or foreign country) Kansas City, Missouri. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Elmer Neidig **13b. MOTHER'S MAIDEN NAME** Marv Foley **14. NAME OF HUSBAND OR WIFE** Jesse J. Diamond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** No **17. INFORMANT'S SIGNATURE OR NAME** Jesse J. Diamond **ADDRESS** Kansas City Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean 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) Multiple fractures of ribs, **INTERVAL BETWEEN ONSET AND DEATH**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) bilateral chest, with extensive **INTERNAL INJURIES TO CHEST,**
DUE TO (c) internal injuries to chest,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture of femur, rt. comminuted

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** severe fracture of skull, rt. frontal 9/16/51 **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office, bids., etc.) Highway 11 **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** 10 mi South Nevada Vernon Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-21-51 7 p.m. **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** automobile accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter D. Thurman Coroner **23b. ADDRESS** Nevada Vernon Mo. **23c. DATE SIGNED** 9-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL **24b. DATE** 4 SEPT. 23 1951 **24c. NAME OF CEMETERY OR CREMATORY** Unknown **24d. LOCATION** (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG 9-22-1951 **REGISTRAR'S SIGNATURE** Anna E. Ferris **25. FUNERAL DIRECTOR'S SIGNATURE** Allen W. Hays **ADDRESS** Nevada Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
CORR. BY AFF. OCT. 24 1951

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 24 1951

Dist. File 927-1733

Date Filed 9-29-51

MAY 18 1962

JAN 30 1962

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 Embalmer No.....

Signed.....
Student Embalmer

Signed Allen J. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 32331

State of Missouri }
County of Vernon } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 157

On this September day of September, 1951, before me appears

W.D. Thurman, who, upon his oath, states that the original record of ~~birth~~ death
for Mabel Frances Diamond ^{died} September 21st, 1951, in the State of
Missouri, and which was filed at Nevada, Mo ^{born} on 9/22/, 1951, should be corrected as follows:

Item No. 3 should read Mabel Frances Dimon

Instead of Mabel Frances Diamond

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W.D. Thurman, Coroner
Relationship.

306 S. Chestnut St. Nevada, Mo.
Present Address.

Subscribed and sworn to before me this 28th day of September, 1951

My Commission expires August 5, 1952 Anna J. Ferry Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

20 1059