

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28707

No. 300
10-48

FILED AUG 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4306</u>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH a. COUNTY <u>MacDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MacDonald</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Goodman</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Goodman</u>		<u>0623</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in town</u>				d. STREET ADDRESS (If rural, give location) <u>in town</u>					
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>			a. (First)		b. (Middle) <u>LUDWIG</u>		c. (Last) <u>DIERKS</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1952</u>		5. SEX <u>♂</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 7, 1890</u>	
9. AGE (In years last birthday) <u>61</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Dierks</u>			13b. MOTHER'S MAIDEN NAME <u>Metta Anna Kucks</u>			14. NAME OF HUSBAND OR WIFE <u>Hulda Anna Dierks</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hulda A. Dierks, Goodman, Mo.</u>				ADDRESS	
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia</u>				ANTECEDENT CAUSES					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) <u>lung structure filled with fluid</u>					
				DUE TO (c) <u>Extreme deepsy</u>					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe pancreatitis + Glomerulonephritis</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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input 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>Aug 10th</u> , 1949, to <u>Aug. 6, 1952</u> , that I last saw the deceased alive on <u>Aug. 6,</u> , 1952, and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Harold B. Ward, D.O.</u>				23b. ADDRESS <u>Goodman, Mo</u>			23c. DATE SIGNED <u>Aug 6, 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 6, '52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>via Lane</u>		24d. LOCATION (City, town, or county) (State) <u>Goodman, Iowa</u>			
DATE REC'D BY LOCAL REG. <u>8-6-52</u>		REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>		423-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Padineau</u>		ADDRESS <u>Goodman, Mo.</u>	

(Licensed Embalmer's statement on Reverse Side)

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

AUG 12 1958

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 John B. Papinian
Licensed Embalmer No. 4446

P. O. Address Goodman 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.