

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 24

360  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Boeuf</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Boeuf</u> <u>0360</u>	
c. LENGTH OF STAY (in this place) <u>13 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles East of Berger, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aug Diederich Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u>	b. (Middle) <u>---</u>	c. (Last) <u>DIEDERICH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-24-1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-13-1874</u>	9. AGE (In years last birthday) <u>78</u>	if UNDER 1 YEAR Months <u>5</u> Days <u>11</u>	if UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fox maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fox Mfg's</u>	11. BIRTHPLACE (State or foreign country) <u>Berger RFD Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Phillip Diederich</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Speckhals</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>August Diederich Berger</u>	ADDRESS <u>Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased only Jan. 24, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Jan. 24, 1953, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>New Haven, Missouri</u>	23c. DATE SIGNED <u>1/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-28-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns E&amp;R Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Berger Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 27 53</u>	REGISTRAR'S SIGNATURE <u>Eduard D. Jurgens</u> <u>475</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Berger Mo.</u>
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**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 Chas. H. Pope

Licensed Embalmer No. 2552

P. O. Address Herrmann, 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.