

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4431

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHALL</u>	c. LENGTH OF STAY (in this place) <u>3 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA</u> <u>0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FITZGERALD HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>ELM ST 213</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>T.</u> c. (Last) <u>DIERKING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 1 1953</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 31, 1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAILROAD AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI PACIFIC RAILWAYS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HENRY DIERKING</u>	13b. MOTHER'S MAIDEN NAME <u>ALVINA WIEGARD</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA DIERKING</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>E9000-31</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WARNER DIERKING EMMA, MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture femur</u>		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		E9000-31	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cardiovascular disease - hypertension</u>	

19a. DATE OF OPERATION <u>Jan 31, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Commotus fract. - fracture femur</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Emma Saline Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 25 1953 P. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on step from 2nd step</u>

22. I hereby certify that I attended the deceased from Jan 30, 1953, to Feb 1, 1953, that I last saw the deceased alive on Feb 1, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED <u>2-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS - Cem</u>	24d. LOCATION (City, town, or county) (State) <u>EMMA, MO</u>
DATE REC'D BY LOCAL REG. <u>Feb. 2-1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. S. James Concordia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1953
MAR 8 1953

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

E. L. James

Licensed Embalmer No. 2058

P. O. Address Conradia, Va

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.