S. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13808

FILED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. 31

0360 / 1

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Haven
c. LENGTH OF STAY (in this place): 4Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Irvin Diederich Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW HAVEN 0360
d. STREET ADDRESS (If rural, give location): Melbourne Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): -------
c. (Last): DIEDERICH

4. DATE OF DEATH (Month): 4 (Day): 22 (Year): 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-27-1867
9. AGE (In years last birthday): 85 — If under 1 year: Months 5, Days 25 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Home Builder
11. BIRTHPLACE (State or foreign country): Berger Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Phillip Diederich
13b. MOTHER'S MAIDEN NAME: Catherine Speckhals
14. NAME OF HUSBAND OR WIFE: Mrs Mary Diederich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Irvin Diederich — **ADDRESS**: New Haven, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10years

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. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/21/, 1953, *to* 4/22/53, *that I last saw the deceased alive on* 4/21/, 1953, *and that death occurred at* 3:12A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. V. Eisenmann M.D.
23b. ADDRESS: New Haven, Missouri
23c. DATE SIGNED: 4/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-24-1953
24c. NAME OF CEMETERY OR CREMATORY: St. John's E&R Cem
24d. LOCATION (City, town, or county) (State): Berger, Mo

DATE REC'D BY LOCAL REG.: 4-23-53
REGISTRAR'S SIGNATURE: Edna D. Junge 475
25. FUNERAL DIRECTOR'S SIGNATURE: Paul H. Blumer — **ADDRESS**: Berger Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Hugo St Renner

Licensed Embalmer No. 3160

P. O. Address Hermann 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.