

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

18762

State File No.

FILED **MAY 26 1953**
BIRTH NO. 375127

REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY OR TOWN <u>California, Mo Walker</u>		c. CITY OR TOWN <u>California, Mo Walker</u>	
c. LENGTH OF STAY (in this place) <u>17 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>0681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>California, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Danny</u> b. (Middle) <u>Carl</u> c. (Last) <u>Dietzel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1953</u>
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>May 23 1953</u>
9. AGE (in years last birthday) <u>17</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>California, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul Dietzel</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel George</u>	
14. NAME OF HUSBAND OR WIFE <u>Paul E. Dietzel</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>Paul E. Dietzel</u> ADDRESS <u>Jamestown, 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, asthma, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>17 h 00 m.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Patent interventricular Septum - Congenital</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Septum - Congenital</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>7542</u>	
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)	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>May 23 1953</u> , to <u>May 24 1953</u> , that I last saw the deceased alive on <u>May 24 1953</u> , and that death occurred at <u>2 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kennan Latham M.D.</u> (Degree or title)		23b. ADDRESS <u>California, Mo</u>	
23c. DATE SIGNED <u>5-25-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/25/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jamestown, Mo</u>
DATE REC'D BY LOCAL REG. <u>5/25/53</u>	REGISTRAR'S SIGNATURE <u>AK Popejoy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Bonnie</u> ADDRESS <u>California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Embalmed
Done