

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28721

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington Rural St. Francois		c. CITY OR TOWN Steelville	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 13Y;5M;11Das.		e. STREET ADDRESS (If rural, give location) Unknown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) LEE c. (Last) DIERKING			4. DATE OF DEATH (Month) (Day) (Year) August 26, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 5, 1894	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months 2 Days 21 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and common labor.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Dierking		13b. MOTHER'S MAIDEN NAME Agnes Ashley		14. NAME OF HUSBAND OR WIFE Mandy James	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 490-12-1935		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hospital No. 4, Farmington, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene, right foot		DUPLICATE OF (a) Gangrene, right foot			24 das.	
ANTECEDENT CAUSES		DUE TO (b) Peripheral arteriosclerosis			6 mos.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypertensive Heart Disease			Unknown.	
II. OTHER SIGNIFICANT CONDITIONS		Psychosis with disturbances of circulation (hypertensive heart disease).				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X			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 **July 23, 1954** to **August 26, 1954**, that I last saw the deceased alive on **August 26, 1954**, and that death occurred at **8:03P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John C. Breunen, M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 8-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-28-54		24c. NAME OF CEMETERY OR CREMATORY Sanders Cemetery	
				24d. LOCATION (City, town, or county) (State) Crawford County, Missouri	

DATE REC'D BY LOCAL REG. Aug 26, 1954		REGISTRAR'S SIGNATURE Esther Redloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Halbert Funeral Home, Steelville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 9

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.....
Signature of Student Embalmer

Signed *Paul H. Dugas*.....

Licensed Embalmer No. *4120*.....

P. O. Address *Farmington*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.