

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32889

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>392</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>		
b. CITY OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Wyaconda</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp. &amp; Clinic</u>		d. STREET ADDRESS <u>2231</u>		
3. NAME OF DECEASED a. (First) <u>MARY</u>		b. (Middle) <u>Dott</u>		c. (Last) <u>Dieterich</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1954</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 20, 1885</u>
9. AGE (In years) (has birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		
11. BIRTHPLACE (State or foreign country) <u>Clark Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John H. Gibbs</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Daggas</u>		14. NAME OF HUSBAND OR WIFE <u>A.G. Dieterich</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wyaconda, Mo.</u> <u>Mrs. G. R. Sebastian</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary mucoid carcinoma of sigmoid colon</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Wide spread metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
19a. DATE OF OPERATION <u>several</u>		19b. MAJOR FINDINGS OF OPERATION <u>Thoracentesis only</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>153X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>10-3, 1954</u> , to <u>10-22, 1954</u> , that I last saw the deceased alive on <u>10-22, 1954</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Carl Laughlin Jr.</u>		23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>10-25-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-29-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wyaconda Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Wyaconda Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. J. Roobert</u>		
DATE REC'D BY LOCAL REG. <u>10-26-54</u>		REGISTRAR'S SIGNATURE <u>Hate Lambert</u>		ADDRESS <u>Wyaconda, Mo.</u>

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..... *Robert B. Davis* .....

Licensed Embalmer No. *4219* .....

P. O. Address *Kirksville, 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.