

34662

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 76BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796

1. PLACE OF DEATH  
a. COUNTY Moniteau Co

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Moniteau

b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN Rural Walker Ambulance c. LENGTH OF STAY (in the place) \_\_\_\_\_ c. CITY OR TOWN Jamestown, Mo d. Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION High Way # 87. e. STREET ADDRESS (If rural, give location) Rt # 2. Jamestown, Mo 0680

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Elizabeth c. (Last) Dietzel 4. DATE OF DEATH (Month) (Day) (Year) Sept 11 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 8. DATE OF BIRTH Dec 12 1901 9. AGE (In years, last birthday) 52 8 29 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Berger 13b. MOTHER'S MAIDEN NAME Mairanna Ledt 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mari L. Dietzel ADDRESS Jamestown, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 hours  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
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. \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 331X 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) Jamestown Moniteau Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 Sept 11, 1954 only, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11/45A, from the causes and on the date stated above.

23a. SIGNATURE R. S. Diller MD (Degree or title) 23b. ADDRESS California, Mo 23c. DATE SIGNED 9-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/13/54 24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery 24d. LOCATION (City, town, or county) (State) Jamestown, Mo

DATE REC'D BY LOCAL REG. 9/15/54 REGISTRAR'S SIGNATURE H. L. Pope 506 1506 25. FUNERAL DIRECTOR'S SIGNATURE Earle Boudin ADDRESS California

(Licensed Embalmer's Statement on Reverse Side)

210

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

FILED OCT 18 1954

No. 300  
10-48

OCT 19 19

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..... *Jack H. Rowlin*

Licensed Embalmer No. *4933*

P. O. Address *California*

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.