

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 430

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Cape Girardeau 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 1-Day	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Sylvania Township 1000	
		d. STREET ADDRESS (If rural, give location) RFD 1, Oran, Missouri	

3. NAME OF DECEASED (Type or Print) Bertha			a. (First)	b. (Middle)	c. (Last) Diebold	4. DATE OF DEATH (Month) (Day) (Year) 2 5 1955		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/15/1906	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dennis Grasser	13b. MOTHER'S MAIDEN NAME Louise Whitefield	14. NAME OF HUSBAND OR WIFE Jake P. Diebold
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME Jake P. Diebold	ADDRESS Oran, Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 8 1/2 HRS. 5 YRS.? 5 YRS.?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS (HYPERTENSION)		
	DUE TO (c) NEPHROSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE
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21d. TIME OF INJURY NONE	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR NONE
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22. I hereby certify that I attended the deceased from MAR., 1952, to FEB., 1955, that I last saw the deceased alive on 2-4, 1955, and that death occurred at 2:34A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Mosbach, 2 D.O.	23b. ADDRESS Chaffee, Mo.	23c. DATE SIGNED 2-7-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/8/1955	24c. NAME OF CEMETERY OR CREMATORY Guardian Angels	24d. LOCATION (City, town, or county) (State) Oran Missouri
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DATE REC'D BY LOCAL REG. 2-8-55	REGISTRAR'S SIGNATURE C. C. Summers 44-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Oran, Mo.
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oran, Missouri

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.