

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4310

State File No.

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN Boongille		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital				e. STREET ADDRESS (If rural, give location) Sixth & Chestnut Sts. 02720							
3. NAME OF DECEASED (Type or Print) a. (First) Laura			b. (Middle) Holland		c. (Last) Diringner		4. DATE OF DEATH (Month) (Day) (Year) February 21 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Nov. 22 1890		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Operator		10b. KIND OF BUSINESS OR INDUSTRY Own Cafe		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Albert Holland			13b. MOTHER'S MAIDEN NAME Christina Dauer			14. NAME OF HUSBAND OR WIFE Clarence Diringner.					
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. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Diringner, Boonville, Missouri.						
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.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLISM. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DIABETES MELLITUS. DUE TO (c) GENERALIZED ARTERIOSCLEROSIS + ARTERIOSCLEROTIC HEART DISEASE. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GANGRENE OF FOOT					INTERVAL BETWEEN ONSET AND DEATH MINUTES 10 YEARS YEARS. DAYS					
19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION -----					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) (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 FEB. 13, 1955, to FEB. 21, 1955, that I last saw the deceased alive on FEB. 21, 1955, and that death occurred at 4:40 P.M., from the causes and on the date stated above.											
23a. SIGNATURE J. Hala, M.D.				(Degree or title)		23b. ADDRESS 529 Main St., Boonville, Mo.		23c. DATE SIGNED Feb. 22, 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 23 / 1955	24c. NAME OF CEMETERY OR CREMATORY West Boonville Cem.		24d. LOCATION (City, town, or county) (State) Cooper County, Mo.						
DATE REC'D BY LOCAL REG. 2/22/55		REGISTRAR'S SIGNATURE J. Hooper 3810			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

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

APR 13 1951

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... *William W. Wood*

Licensed Embalmer No. *453*

P. O. Address... *Boonville,*

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.