

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17949**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **254**

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU		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) CAPE GIRARDEAU	c. LENGTH OF STAY (In this place) 3 DAYS	c. CITY OR TOWN NEW HAMBURG, MO.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCES HOSPITAL		STREET ADDRESS (If rural, give location) 1/2 MILE SOUTH OF NEW HAMBURG	

3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) JOHN c. (Last) DIRXBERGER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 16, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 28, 1918	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR: Months 0 Days 12 IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) NEW HAMBURG, MISSOURI	
12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOHN DIRXBERGER	13b. MOTHER'S MAIDEN NAME NORA LUX	14. NAME OF HUSBAND OR WIFE DEBRA CHRISTINE DIRXBERGER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-16-7981	17. INFORMANT'S SIGNATURE OR NAME MRS. RAYMOND DIRXBERGER	ADDRESS NEW HAMBURG
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanotic melanocarcinoma		7 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melanocarcinoma of eye DUE TO (c) _____		2 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 192 X			

19a. DATE OF OPERATION May 55	19b. MAJOR FINDINGS OF OPERATION Melanotic melanocarcinoma of lung	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **May**, 19**55**, to **10 June**, 19**55**, that I last saw the deceased alive on **10 June**, 19**55**, and that death occurred at **5** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. W. Ashley, M.D.	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 14 June 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 13, 1955	24c. NAME OF CEMETERY OR CREMATORY ST. LAWRENCE CEMETERY	24d. LOCATION (City, town, or county) (State) NEW HAMBURG, MISSOURI
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DATE REC'D BY LOCAL REG. 6-15-55	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE A. Beiplinghoff	ADDRESS CAFFEY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 21 1955

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 J. Burnett*

Licensed Embalmer No. *447*
P. O. Address *Chaffee*

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.