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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5823 State File No. 22988

FILED JUL 27 1955

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marston ^{Kurax}</u>	c. LENGTH OF STAY (In this place) <u>unk</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Marston, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>0722</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Diehl</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH* <u>Aug. 26, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (last birthday) Months Days Hours Min. <u>67-2 8 20</u>
		11. BIRTHPLACE (State or foreign country) <u>Sullivan, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Victory Diehl</u>	13b. MOTHER'S MAIDEN NAME <u>Sonhia Muestermann</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, 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) <u>No Medical Attendant</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>By all record death was due to Myocarditis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo Hedgepeth</u>	(Degree or title)	23b. ADDRESS <u>1300 New Madrid, Mo.</u>	23c. DATE SIGNED <u>July 19-18-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>July 18, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dutch Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Rural of Sullivan Mo.</u>

DATE REC'D BY LOCAL REG. <u>Removal</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ray Hedgepeth</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Wrd. Co. New Madrid.</u>	ADDRESS
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DATE RECEIVED JUL 25 1955
NEW MADRID CO. HEALTH CENTER

P. J. S.

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

Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.