

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1955

BIRTH NO. REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 45

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

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| 1. PLACE OF DEATH a. COUNTY <u>Clark</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kahoka</u> | c. LENGTH OF STAY (in this place) <u>years</u> | c. CITY OR TOWN <u>Kahoka</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | f. STREET ADDRESS (If rural, give location) <u>163 West Exchange</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> | b. (Middle) | c. (Last) <u>Diehl</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-1955</u> |
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|----------------------|-------------------------------|---|------------------------------------|---|------------------------|----------------------|-------|------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>12-15-1893</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|---|------------------------------------|---|------------------------|----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Clark Co. Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u> |
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| 13a. FATHER'S NAME <u>Arthur Houseman</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Hamilton</u> | 14. NAME OF HUSBAND OR WIFE <u>Otha C. Diehl</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME <u>Otha C. Diehl</u> | ADDRESS <u>Kahoka Mo.</u> |
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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 <u>12 Hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>Angina Pectoris</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 9/6, 1955, to 9/8, 1955, that I last saw the deceased alive on 9/7, 1955, and that death occurred at 3-A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. H. Bridgus</u> | (Name or title) <u>Registrar</u> | 23b. ADDRESS <u>Kahoka Mo.</u> | 23c. DATE SIGNED <u>9/13-55</u> |
|-------------------------------------|----------------------------------|--------------------------------|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-11-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kahoka Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>9/13-55</u> | REGISTRAR'S SIGNATURE, <u>J. H. Bridgus</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gred J. Karle</u> | ADDRESS <u>Kahoka Mo.</u> |
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Fred J. Karle*
.....

Licensed Embalmer No.

P. O. Address *Kaloo*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.