FILED MAY 15 1956

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

12302
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 602 S Mechanic — Length of stay in 1b: 1 year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Butler — Inside Limits Yes X No ☐
d. STREET ADDRESS 602 S Mechanic (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First GEORGE Middle HENRY Last DIEHL
4. DATE OF DEATH: Month May Day 8 Year 1956
5. SEX: m
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 9th 1874
9. AGE (In years last birthday): 81 — 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): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and state or country): Bates Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank H Diehl
14. MOTHER'S MAIDEN NAME: Phillippena Remlon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Bell Diehl Address: Butler Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Hr. disease.
DUE TO (c) (1st Cerebral Hemorrhage 10/12/55)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443x
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Oct 12 1955 to May 8. 1956 and last saw her/him alive on March 7, 1956. Death occurred at 6:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Chas. A. Lush Jr MD (Degree or title)
22b. ADDRESS: Butler Missouri
22c. DATE SIGNED: 5/9/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/10/56
23c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
23d. LOCATION (City, town, or county) (State): Butler Missouri
24. FUNERAL DIRECTOR: Culver Underwood-Butler Mo ADDRESS
25. DATE RECD. BY LOCAL REG.: May 9-1956
26. REGISTRAR'S SIGNATURE: Randall Kenny

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa

by me, or by ....., Student Embalmer No...

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3

P. O. Address Butte

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.