

FILED MAY 21 1956

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

State File No. **17228**

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3051		Registrar's No. 60		
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)				
a. COUNTY Perry		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville, Mo.		c. CITY OR TOWN Crosstown		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. LENGTH OF STAY (in this place) 6 yr.		d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Lawn Nursing Home		e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) Lillie	b. (Middle) Belle		c. (Last) Dietrich		(Month) April	(Day) 27	(Year) 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 7, 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Levi Polson			13b. MOTHER'S MAIDEN NAME Mary Yorbrough		14. NAME OF HUSBAND OR WIFE Henry Dietrich, Dec'd.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John Dietrich					ADDRESS Menfro Rt 1, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease							
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteoarthritis							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	4 200							
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) (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 4-26 ¹⁹⁵⁶ 4-27, 1956, that I last saw the deceased alive on 4-26, 1956 and that death occurred at 6:55 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) G. G. Fairchild, M.D.				23b. ADDRESS Perryville, Mo.		23c. DATE SIGNED 4-30-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 30, 1956	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem.		24d. LOCATION (City, town, or county) Perry County, Mo.		(State)		
DATE REC'D BY LOCAL REG. 4-30-56		REGISTRAR'S SIGNATURE <i>Joe J. Zellner</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Young's Sons Perryville Mo</i>				ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

506

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..... *Edward W. [unclear]*

Licensed Embalmer No. *713*

P. O. Address *Permyer*

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.