No. 300
10.48

FILED JUL 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21125

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 146

0592

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN Chillicothe (If outside corporate limits, write RURAL and give township) | c. LENGTH OF STAY (in this place) 30min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Richill Twp | d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 7½ Mi. N.E. of Chillicothe, Mo.

0590

3. NAME OF DECEASED (Type or Print)
a. (First) EARL b. (Middle) FRANKLIN c. (Last) DIEGELMAN

4. DATE OF DEATH (Month) July (Day) 6 (Year) 1956

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed **8. DATE OF BIRTH** Dec. 25, 1885 **9. AGE** (In years last birthday) 70 | 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Livingston Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William B. Diegelman
13b. MOTHER'S MAIDEN NAME Florence Rozelle
14. NAME OF HUSBAND OR WIFE Garnet Blue

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. NONE
17. INFORMANT'S SIGNATURE OR NAME Mrs. Garnet Diegelman ADDRESS Chillicothe 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 4 hours

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4, 1956, *to* July 6, 1956, *that I last saw the deceased alive on* July 6, 1956, *and that death occurred at* 11:33 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph F. Gale (Degree or title) MD
23b. ADDRESS Chillicothe Mo.
23c. DATE SIGNED 7-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-9-56
24c. NAME OF CEMETERY OR CREMATORY May Cemetery
24d. LOCATION (City, town, or county) (State) Near Chula, Missouri

DATE REC'D BY LOCAL REG. 7-7-56
REGISTRAR'S SIGNATURE Frances B Neil
25. FUNERAL DIRECTOR'S SIGNATURE NORMAN FUNERAL HOME: ADDRESS Chillicothe, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

171-0

AUG 14 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph M. Gibson

Licensed Embalmer No. 4769

P. O. Address Chillicothe,

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