

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41062**

FILED DEC 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>	c. LENGTH OF STAY (In this place) <u>38 yrs.</u>	c. CITY OR TOWN <u>Washington</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 <u>St. Francis Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>629 St. Cedar St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMMA</u>	b. (Middle) <u>Laura</u>	c. (Last) <u>DIECKHAUS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16 1956</u>
--	------------------------	--------------------------	----------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 7, 1871</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u>	IF UNDER 2 HRS. Hours <u>39</u> Min.
----------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Putzow, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Carl Willenbrink</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Kuemper</u>	14. NAME OF HUSBAND OR WIFE <u>Theodore Dieckhaus</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Stump</u>	ADDRESS <u>Washington, Mo.</u>
---	-------------------------------------	--	--------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis, hyperlipidemia</u> DUE TO (c) <u>Age Senility</u>		
	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 <u>331X</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) (Min.)	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 Dec 4, 1956, to Dec 6, 1956 that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2.10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Muenich</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>355 Elm Washington Mo</u>	23c. DATE SIGNED <u>12-8-56</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec. 10, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12/10/56</u>	REGISTRAR'S SIGNATURE <u>R. C. Widmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thieburg &amp; Witt, Inc.</u>	ADDRESS <u>Washington, Mo.</u>
--	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

9-0

L.A. Witt

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 Vernon S. Vedder, Student Embalmer No. 537 working under my personal supervision..

Student Vernon S. Vedder  
Signature of Student Embalmer

Signed Jerome F. Luoboda  
Licensed Embalmer No. 450

P. O. Address Washington

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.