

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20855

FILED JUN 24 1957

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5511 Registrar's No. 494

1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EAST FIELD TWP. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN Clinton 0420 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 mi south of Charles Hwy 13 D.O.A. Length of stay in 1b				d. STREET ADDRESS (If outside, give location) RR #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Vivian LEONE DIETZ				4. DATE OF DEATH Month Day Year June 22 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6/17/1941	
9. AGE (in years last birthday) 16		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		100. KIND OF BUSINESS OR INDUSTRY CAFE		11. BIRTHPLACE (City and state or country) Hickory Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME EDWARD L DIETZ			
14. MOTHER'S MAIDEN NAME HELEN SWEENEY				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. 497-42-6879				17. INFORMANT Address Mrs Edward L Dietz Clinton Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Automobile Accident: Cause of death DUE TO (b) NOT obvious. Bleeding from oral cavity and from vagina. Marked swelling with superficial abrasion on left thigh. DUE TO (c) INSTANT							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)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Rto left highway on curve at high rate of speed; Patient thrown from car - brought to hospital by Ambulance. D.O.A.					
20c. TIME OF INJURY Hour a.m. 6-22-57 Month, Day, Year		20d. PLACE OF INJURY (e.g., in of about home, farm, factory, street, office bldg., etc.) 0.8 mile south of Charles Hwy 13					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Clinton		COUNTY 642		STATE Mo.	
21. I attended the deceased from D.O.A. to D.O.A. and last saw her alive on 6-22-57							22a. SIGNATURE (Type or title) W.D. Bradshaw, Coroner
22b. ADDRESS Clinton, Mo.							22c. DATE SIGNED 6/22/57
23a. BURIAL, CREMATION, REMOVAL, (Specify)		23b. DATE June 24, 1957		23c. NAME OF CEMETERY OR CREMATORY Bernard		23d. LOCATION (City, town, or county) (State) Hickory Co. Mo.	
24. FUNERAL DIRECTOR CONSALUS J.E. Clinton, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. 6-22-57		26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Eugene R. Consalvo*

Licensed Embalmer No. *4*

P. O. Address *Clinton,*

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.