

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31634  
STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 142 Primary Registration District No. 4231 Registrar's No. 32

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY OR TOWN <u>Mountain View</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Summersville</u> <sup>107</sup> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Malone Hotel</u>		d. STREET ADDRESS <u>Route 2</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <u>12 hours</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Oliver</u> Last <u>Diehm</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>3,</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 11, 1900</u>	9. AGE (In years last birthday) <u>57</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	11. UNDER 24 HRS. Hours <u>12</u> Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Diehm</u>	13b. MOTHER'S MAIDEN NAME <u>Annan Dochnick</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Diehm</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give dates of service) <u>Yes</u> <u>W.W. 2</u>	16. SOCIAL SECURITY NO. <u>974 X</u>	17. INFORMANT <u>Virginia Diehm</u> Address <u>Summersville, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Choked to Death</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
DUE TO (b) <u>Hanging</u> DUE TO (c) <u>Hung self with own belt</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a))		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>7:00</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mtn View</u>	20f. CITY, TOWN, OR LOCATION <u>Howell</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>
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21. I attended the deceased from <u>7:00 a.m.</u> to <u>7:00 a.m.</u> and last saw her/him alive on <u>10-8-57</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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21a. SIGNATURE <u>Spencer Duncan, Coroner</u> (Degree or title)	21b. ADDRESS <u>Mtn View Mo.</u>	22c. DATE SIGNED <u>10-8-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>10/6/57</u>	23b. DATE <u>10/6/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jadwin Cem.</u>	23d. LOCATION (City, town, or county) <u>Jadwin, Missouri</u> (State)
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24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn View, Mo.</u> ADDRESS <u>10-10-1957</u>	25. DATE RECD. BY LOCAL REG. <u>10-10-1957</u>	26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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MAR 27 1958

NOV 5 1957

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 *Joe R. Duncan* .....

Licensed Embalmer No. *4325* .....

P. O. Address *Mt. View, Pa.* .....

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.