V.S. No. 300
Rev. 10.48

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

FILED NOV 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39154

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112A Registrar's No. 63

1. PLACE OF DEATH
a. COUNTY: Bollinger
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Scopus
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Scopus
d. STREET ADDRESS (If rural, give location): 3 miles Southeast of Scopus, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) S. c. (Last) Dietrich

4. DATE OF DEATH (Month) Nov (Day) 4 (Year) 1957

5. SEX: M.
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): U
8. DATE OF BIRTH: Aug. 23, 1887
9. AGE (In years last birthday): 71 — If under 1 year: Months 2 Days 12 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Post office Employee
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Theodore Dietrich
13b. MOTHER'S MAIDEN NAME: Pauline Bennick
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 500-16-7377A
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Julius E. Dietrich Grooes, St. St. Louis, 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) Cremation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Suppuration

DUE TO (c) Fire of house which burned

INTERVAL BETWEEN ONSET AND DEATH

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:
9160
16
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
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:

009

22. *I hereby certify that I attended the deceased from* October, *to* Nov. 10, *that I last saw the deceased alive on* Dec'd, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carson Allen Kendrick
23b. ADDRESS: Bufordville Mo
23c. DATE SIGNED: Nov. 18-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 7, 1957
24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
24d. LOCATION (City, town, or county) (State): Bollinger Co, Mo.

DATE REC'D BY LOCAL REG.: 11/19/57
REGISTRAR'S SIGNATURE: Mrs. Buford Cradw
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Allen Kendrick Bufordville Mo

(Licensed Embalmer's Statement on Reverse Side)

520

JAN 29 1958

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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.