

STANDARD CERTIFICATE OF DEATH

837

FILED FEB 13 1958

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 9193 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HERMANN</b>		c. CITY OR TOWN <b>HERMANN</b> 0371	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>214 WHARF ST</b>		d. STREET ADDRESS (If outside, give location) <b>214 WHARF ST</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>USCAR DANIEL DIETERLE</b>		4. DATE OF DEATH Month Day Year <b>JAN - 7 - 1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 10 - 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OPTOMETRIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (City and state or country) <b>BERGER MO</b>
13a. FATHER'S NAME <b>GODFRED DIETERLE</b>		13b. MOTHER'S MAIDEN NAME <b>CAROLINE BADE</b>	14. NAME OF HUSBAND OR WIFE <b>✓</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>ALBERT DIETERLE</b> Address <b>Berger Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>(Found dead in home)</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>33/X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hugost Blumer</b>		22b. ADDRESS <b>Hermann Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1/11/1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>BETHANY CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>RTA BERGER MO</b>	
24. FUNERAL DIRECTOR <b>HUGO H. BLUMER</b>		25. DATE RECD. BY LOCAL REG. <b>1-10-58</b>	
ADDRESS <b>HERMANN MO</b>		26. REGISTRAR'S SIGNATURE <b>Delma Uffelman</b>	

SEP 14 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 .....  
Signature of Student Embalmer

Signed *Chas H. Pope* .....

Licensed Embalmer No. *2552* .....

P. O. Address *Herrmann* .....

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.