Health, Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010611
STATE FILE NUMBER

FILED APR 8 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McLARNEY HOSP. — Length of stay in lb 45 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LINN 0582
c. CITY OR TOWN BROOKFIELD — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1215 N. MAIN — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: GEORGE E. DIENHART
4. DATE OF DEATH Month Day Year: MAR. 26, 1958
5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: AUG. 9, 1891
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAX COLLECTOR
10b. KIND OF BUSINESS OR INDUSTRY: TOWNSHIP
11. BIRTHPLACE (City and state or country): NEW CAMBRIA, MO
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOHN E. DIENHART
14. MOTHER'S MAIDEN NAME: ELLA EVANS
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.
17. INFORMANT Address: BESSIE E. DIENHART, BROOKFIELD, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Circulatory Collapse (Shock) — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Massive Mesenteric Thrombosis — 12 hrs.
DUE TO (c) Coronary occlusion 4201 — 3 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Brown-Sequard Syndrome 30-40 yrs.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) — 2
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 25, to March 26 and last saw ~~her~~ him alive on March 26. Death occurred at 5 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. W. Bohnert M.D. 0
22b. ADDRESS: 314 N. Main Brookfield Mo
22c. DATE SIGNED: 3/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAR. 29, 1958
23c. NAME OF CEMETERY OR CREMATORY: ROSE HILL CEMETERY
23d. LOCATION (City, town, or county) (State): BROOKFIELD, MO

24. FUNERAL DIRECTOR ADDRESS: WRIGHT FUNERAL HOME, BROOKFIELD, MO
25. DATE RECD. BY LOCAL REG.: 3-29-58
26. REGISTRAR'S SIGNATURE: Katharine Johnson Dep.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 371

P. O. Address Brookfie

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.