

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019206
STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 226

Health,
Welfare
Public
Service

0804

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cole Camp 0080 10 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 620 E. 32nd St		Length of stay in 1b 15 Days	d. STREET ADDRESS (If outside, give location) ---- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Anna Middle Marie Last Dieckman			4. DATE OF DEATH Month May Day 15th Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8th 1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 88 Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cole Camp Mo D	12. CITIZEN OF WHAT COUNTRY? U S A
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13. FATHER'S NAME Claus Cordes	14. MOTHER'S MAIDEN NAME Katherine Heck
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. ----	17. INFORMANT Address Mrs Katherine Dockelman Cole Camp Mo
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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) Coronary Artery Occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 min years years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hyper tension	
	DUE TO (c) Atherosclerosis 4201	
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"/>

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 10:15 p. Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <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 1-12-55 to 5-15-58 and last saw her alive on 5-15-58
Death occurred at 10:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>B. H. H. H.</i> (Degree or title) D	22b. ADDRESS Woodland Hospital, Sedalia Mo	22c. DATE SIGNED 5/17/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 18, 1958	23c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial	23d. LOCATION (City, town, or county) (State) Cole Camp Mo
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24. FUNERAL DIRECTOR E. B. Eickhoff ADDRESS Cole Camp Mo	25. DATE RECD. BY LOCAL REG. May 17, 1958	26. REGISTRAR'S SIGNATURE Frances Shelley by Deputy Betty Yeager.
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(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles F. Fay*.....

Licensed Embalmer No 4610..

P. O. Address Cole Camp Mo.....

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.