Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020962

STATE FILE NUMBER 728

FILED JUL 14 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Joseph 0117 0 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Parkview Nursing Home — Length of stay in 1b 31 yrs.	d. STREET ADDRESS (If outside, give location) Nursing Homes since 1952 — Reside on Farm Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print)	First: Webster	Middle: Lloyd	Last: Diehl	4. DATE OF DEATH Month Day Year: July 3, 1958.
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH: April 10,1871.	9. AGE (In years last birthday): 87 — 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): Ret. Cigar maker	10b. KIND OF BUSINESS OR INDUSTRY: Own Business (Hand Rolled)	11. BIRTHPLACE (City and state or country): Fenton Coun ty, Penn. 1	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Jacob Diehl	13b. MOTHER'S MAIDEN NAME: (UNKNOWN)	14. NAME OF HUSBAND OR WIFE: Grace Diehl		
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.: none	17. INFORMANT: Donald Diehl	Address: St. Joseph, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Unk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — Unk.

DUE TO (c) 4200

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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 11/2/57, to 7/3/58 and last saw him alive on 7/2/58

Death occurred at 5:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Collis Poundey MD	22b. ADDRESS: Social Welfare Board 10th & Olive, St. Joseph, Mo.	22c. DATE SIGNED: 7/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: July 5,1958.	23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery	23d. LOCATION (City, town, or county) (State): sSt. Joseph, Missouri.
24. FUNERAL DIRECTOR: Meierhoffer-Fleeman, Inc. by [illegible]	ADDRESS: St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG.: July 9, 1958	26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.