

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033216

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 470

U.C.F. 15 1958

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>PERRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>DU QUOIN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN</b>		Length of stay in lb <b>D.O.A.</b>	d. STREET ADDRESS (If outside, give location) <b>533 W. MAIN</b>
3. NAME OF DECEASED (Type or print) First <b>MATILDA</b> Middle <b>DIRLER</b> Last <b>DIRLER</b>		4. DATE OF DEATH Month <b>OCT.</b> Day <b>10,</b> Year <b>1958</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 13, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR <b>HOUSEWIFE</b>	9. AGE (In years last birthday) <b>66 YRS</b>
11. BIRTHPLACE (City and state or country) <b>PERRY COUNTY, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>PETE PETER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HARSY</b>	
14. NAME OF HUSBAND OR WIFE <b>JAKE DIRLER</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT <b>SYLVESTER DIRLER</b> Address <b>DU QUOIN, ILL.</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>Fracture of the Upper Cervical Spine</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instantaneous</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 checked="" 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.) <b>Collision of two cars on U. S. Highway #166 one mile east of intersection with U.S.#71</b>	
20c. TIME OF INJURY <b>4:30 p.m. 10-16-58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>U. S. Highway 166</b>	
20e. CITY, TOWN, OR LOCATION <b>DU QUOIN, MO.</b>		20f. COUNTY <b>64 Jasper</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>Did not attend</b> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wendell M. S. Coroner of Jasper County Joplin Mo.</b>		22b. ADDRESS	
22c. DATE SIGNED <b>10-11-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10/13/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>SACRED HEART CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>DU QUOIN, ILL.</b>	
24. FUNERAL DIRECTOR <b>WEINBERG FUNERAL HOME DU QUOIN, ILL.</b>		25. DATE RECD. BY LOCAL REG. <b>10-11-1958</b>	
26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

No symptoms with or without

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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 *Richard Roy Lewis*

Licensed Embalmer No. *4403*  
P. O. Address *Webb City, 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.