

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000842

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Dutzow,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) None	
Length of stay in lb 4 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LEONARD Middle VINCENT Last DIERMANN			4. DATE OF DEATH Month February Day 1, Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 21, 1906	9. AGE (In years of birthday) 52	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Grain Farm	11. BIRTHPLACE (City and state or country) Dutzow, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Anton Diermann	13b. MOTHER'S MAIDEN NAME Laura Rieskamp	14. NAME OF HUSBAND OR WIFE Louella Diermann
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If Yes, give year or dates of service) Yes World War II	16. SOCIAL SECURITY NO. 488-26-0488	17. INFORMANT Robert Diermann	Address Marthasville, 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) <u>myocardial infarction</u> DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4001</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> , NO <input 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.)
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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 Dutzow	COUNTY Warren	STATE Missouri
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21. I attended the deceased from Sept 1954 to Feb 1 1959 and last saw ^{her} _{him} alive on Feb 1 1959
Death occurred at S.P. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>M. Schumacher M.D.</i>	(Degree or title) M.D.	22b. ADDRESS Marthasville Mo	22c. DATE SIGNED 2-3-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 4, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Vincents Cemetery	23d. LOCATION (City, town, or county) Dutzow, Missouri	(State)
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24. FUNERAL DIRECTOR <i>W. F. Schumacher</i>	ADDRESS Marthasville, Mo.	25. DATE RECD. BY LOCAL REG. 2/4/59	26. REGISTRARS SIGNATURE <i>W. F. Schumacher</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

REC 24 1959

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 *Almont F. Fulk*

Licensed Embalmer No. 4318

P. O. Address Marthasville, 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.