

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006306

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 785 Primary Registration District No. 3039 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>LINN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LINN</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MARCELINE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FLORENCE REST HOME</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>209 W. WALKER</u>
3. NAME OF DECEASED (Type or print) First <u>LENA</u> Middle <u>M.</u> Last <u>DIETERICH</u>			4. DATE OF DEATH Month <u>FEB</u> Day <u>15</u> Year <u>1959</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 14 1883</u>		9. AGE (In years last birthday) <u>85</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>DONNELSON IA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>MIKE SAAR</u>			14. MOTHER'S MAIDEN NAME <u>ELIZ. FAETH</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT <u>RUBY DIETERICH</u> Address <u>KANSAS CITY MO.</u>		
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>Pneumonia</u> DUE TO (b) <u>Pulmonary embolism</u> DUE TO (c) <u>Arteriosclerotic cardiovascular disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) <u>Cardiac decompensation, senile psychosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>
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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION COUNTY STATE			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>July 9, 1959</u> to <u>Feb 15, 1959</u> and last saw her alive on <u>Feb 14, 1959</u> Death occurred at <u>9 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Marceline Hissamri</u> (Degree or title)			22b. ADDRESS <u>Marceline Hissamri</u>		22c. DATE SIGNED <u>2-16-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-17-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEM.</u>		23d. LOCATION (City, town, or county), (State) <u>MARCELINE MO.</u>
24. FUNERAL DIRECTOR <u>MILLER-TILLOTSON</u>		ADDRESS <u>MARCELINE</u>		25. DATE RECD. BY LOCAL REG. <u>2-17-59</u>	26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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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 e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lilburn K. Tullat*

Licensed Embalmer No...*4*

P. O. Address *Marcel*

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.