Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013650
STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson
b. CITY OR TOWN Independence — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Independence 7005 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 219 S. Spring — Length of stay in Ib 29 yrs.	d. STREET ADDRESS (If outside, give location) 219 S. Spring — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LENA Middle CATHERINE Last DIECKMAN

4. DATE OF DEATH Month April Day 23 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] 2 WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 2, 1876

9. AGE (In years last birthday): 82 — 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): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Femme Osage, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Carl Gausman

13b. MOTHER'S MAIDEN NAME: Christine Schemner

14. NAME OF HUSBAND OR WIFE: ~~W~~ Gustav A. Dieckman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Martin Heman, Indep., Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis — Sudden

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

DUE TO (b) Myocardial Degeneration with — Progressive 10 years

DUE TO (c) ~~Hypertension 20 years~~ ~~Generalized~~ arteriosclerosis 10 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes 4201

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 Dec 30 1948 to April 23 1959 and last saw her alive on April 22, 1959. Death occurred at about 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Esbert Watson M.D. (Degree or title)

22b. ADDRESS 501 Jackson Ind. Mo. 179 W. Lexington Ind.

22c. DATE SIGNED 4/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 26, 1959

23c. NAME OF CEMETERY OR CREMATORY: Levasy Cemetery

23d. LOCATION (City, town, or county) (State): Levasy, Missouri

24. FUNERAL DIRECTOR: OTT & MITCHELL, Indep., Mo. ADDRESS

25. DATE RECD. BY LOCAL REG.: 4-26-59

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use any standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Jason [illegible]

Licensed Embalmer No. 4925

P. O. Address [illegible] Me

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.