

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014054

State File No.

FILED APR 17 1959

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 504 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u> ⁰⁵⁹³⁰	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		STREET ADDRESS (If rural, give location) <u>1428 Calhoun St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1428 Calhoun St.</u>			

3. NAME OF DECEASED (Type or Print) <u>Ross</u>		a. (First)	b. (Middle)	c. (Last) <u>Diehl</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 7, 1891</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Full Colonel (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. ARMY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
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13a. FATHER'S NAME <u>John Diehl</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Maude Barnes</u>		13c. NAME OF HUSBAND OR WIFE <u>Della Christison</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes WWI & WWII</u>		16. SOCIAL SECURITY NO. <u>70705-1022</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della Diehl; 1428 Calhoun Chillicothe, Mo.</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> ANTECEDENT CAUSES <u>Arterial Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>3 yrs</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1946, to Apr 9, 1959, that I last saw the deceased alive on Apr 9, 1959, and that death occurred at 11:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph A. Cannon, M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>April 11-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/11/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Christison Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Livingston Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4/11/59</u>	REGISTRAR'S SIGNATURE <u>Francis B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home Chillicothe, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6961 5

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.....

Licensed Embalmer No. 5035

P. O. Address *Chillicothe, 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.