

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016440
STATE FILE NUMBER

FILED APR 24 1959

Registration District No. 328 Primary Registration District No. 6112 Registrar's No. 20

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| 1. PLACE OF DEATH a. COUNTY SCOTT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KELSO TOWNSHIP | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN ORAN |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. HIGHWAY 61 So of Kelso, Mo. | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) R. F. D. #1 |

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| 3. NAME OF DECEASED (Type or print) ANTOINETTE MARTHA DIRNBERGER | | | 4. DATE OF DEATH Month Day Year APRIL 1 1959 | | |
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| 5. SEX FEMALE | 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 JAN. 4 1920 | 9. AGE (In years last birthday) 39 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) NEW HAMBURG MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME JOSEPH WESTRICH | 13b. MOTHER'S MAIDEN NAME SOPHIA GOSCHE | 14. NAME OF HUSBAND OR WIFE HERMAN M. W. DIRNBERGER |
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| 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. ? | 17. INFORMANT ADDRESS ARNOLD DIRNBERGER ORAN, 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) Broken Neck - Broken right hip - crushed chest. | | INTERVAL BETWEEN ONSET AND DEATH 0 |
| 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"/> 2 |

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| 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.) Car - Truck collision |
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| 20c. TIME OF INJURY 9 a.m. 4 1 59 p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61 | 20f. CITY, TOWN, OR LOCATION Rural | COUNTY Scott | STATE Mo. |
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| 21. I attended the deceased from First call after death and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE Clyde Rae Coroner | 22b. ADDRESS Sikeston, Mo. | 22c. DATE SIGNED 4/10/59 |
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| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL | 23b. DATE APR. 6 1959 | 23c. NAME OF CEMETERY OR CREMATORY ST. LAWRENCE | 23d. LOCATION (City, town, or county) NEW HAMBURG MISSOURI |
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| 24. FUNERAL DIRECTOR Carl J. Smith ORAN, MO. | 25. DATE RECD. BY LOCAL REG. April 18-59 | 26. REGISTRAR'S SIGNATURE Mrs. Fred Berglinghoff |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Carl J. Smith*

Licensed Embalmer No. *21676*.....

P. O. Address *Ocean, N.J.*.....

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.