

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016441
STATE FILE NUMBER

FILED APR 24 1959 Registration District No. 328 Primary Registration District No. 6112 Registrar's No. 22

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 KELS0 TWN5HP		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 U.S. Highway 61 So. of Kels0 Mo.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) R. F. D. #1
3. NAME OF DECEASED (Type or print) First Middle Last GERALD JOSEPH DIRNBERGER			4. DATE OF DEATH Month Day Year APRIL 1 1959
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 23 1957
9. AGE (In years last birthday) 2		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) NONE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CAPE GIRARDEAU, MO. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME HERMAN M.W. DIRNBERGER	
13b. MOTHER'S MAIDEN NAME ANTOINETTE M. WESTRICH		14. NAME OF HUSBAND OR WIFE	
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 ARNOLD DIRNBERGER Address ORAN, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Right side of face & forehead crushed and badly mutilated			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"/>			
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	
20c. TIME OF INJURY Hour Month, Day, Year 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 STATE Scott Mo.
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.			
22a. SIGNATURE Lloyd Poe (Degree or title) Coroner 3		22b. ADDRESS Sikeston, Mo.	
22c. DATE SIGNED 4/10/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APR. 6 1959	23c. NAME OF CEMETERY OR CREMATORY ST. LAWRENCE
23d. LOCATION (City, town, or county) NEW HAMBURG		(State) MO.	
24. FUNERAL DIRECTOR Carl Smith Address Oran, Mo.		25. DATE RECD. BY LOCAL REG. April - 18 - 59	26. REGISTRAR'S SIGNATURE Mrs Fred Berglinghoff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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69616 LAW SA
MAY 19 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 

Licensed Embalmer No. 2676

P. O. Address Oran, 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.