

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016443

STATE FILE NUMBER

FILED APR 24 1959

Registration District No. 328 Primary Registration District No. 6112 Registrar's No. 19

300  
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U. S. Highway 61 So of Kelso		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R. F. D. #1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) HERMAN MICHAEL WILLIAM DIRNBERGER			4. DATE OF DEATH Month Day Year APR. 1 1959		
5. SEX MALE 6	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 APRIL 21 1912	9. AGE (In years last birthday) 46	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ORAN MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME MICHAEL DIRNBERGER		13b. MOTHER'S MAIDEN NAME MARY C. BUCHER		14. NAME OF HUSBAND OR WIFE ANTOINETTE DIRNBERGER	
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. 406-40-0983		17. INFORMANT ARNOLD DIRNBERGER 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) Crushed Skull, Broken Leg					INTERVAL BETWEEN ONSET AND DEATH 6
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 9 Hour a.m. 4 Month, Day, Year 1959					
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.	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Lytle Poe</i> (Degree or title) Coroner			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) (State) NEW HAMBURG MO.
24. FUNERAL DIRECTOR <i>Earl Smith</i>		25. DATE RECD. BY LOCAL REG. April 18-59		26. REGISTRAR'S SIGNATURE <i>Mrs. Fred Breuninger</i>	

00 FILE NO. 459-90

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 *Carl J. Smith* .....

Licensed Embalmer No. *67676*  
P. O. Address *Quincy, 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.