

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021959

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROCK TOWNSHIP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>ROCK TOWNSHIP</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NEAR KIMMSWICK</b>		Length of stay in 1b <b>LIFETIME</b>	500 d. STREET ADDRESS (If outside, give location) <b>NEAR KIMMSWICK</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>FELIX V. DIARD</b>			4. DATE OF DEATH Month Day Year <b>MAY 28, 1959</b>		
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5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 14, 1893</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>9 14</b>	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>STEEL Co</b>	11. BIRTHPLACE (City and state or country) <b>NEAR KIMMSWICK Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>VENGUER DIARD</b>	13b. MOTHER'S MAIDEN NAME <b>MARY ANN HOLLY</b>	14. NAME OF HUSBAND OR WIFE <b>HAZEL NEE WELLS.</b>
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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) <b>No NONE</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>HAZEL DIARD</b>	Address <b>IMPERIAL Mo</b>
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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) <b>Adenocarcinoma of Rectum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 years</b>
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) <b>Carcinoma of the Prostate</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>154X</b>	COUNTY	STATE
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21. I attended the deceased from <b>Sept. 1956</b> to <b>5/28/59</b> and last saw him alive on <b>5/28/59</b> Death occurred at <b>3:10 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Charles R. Burnside MD</b>	22b. ADDRESS <b>206 W Argonne Heights</b>	22c. DATE SIGNED <b>6/1/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 31-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RICHARDSON Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>BECK Mo.</b>
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24. FUNERAL DIRECTOR <b>HEILIGTAG FUNERAL HOME IMPERIAL Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-31-59</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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JUN 2 1959

DATE RECEIVED  
JUN 1 6 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 *Arthur W. Heiligtag* .....

Licensed Embalmer No. *3872* .....

P. O. Address *Imperial 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.