

JURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

FILED VS NOV 18 1959

59-039587

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5435 5436 Registrar's No. 46

MEMENDED

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boeuf		Length of stay in 1b 59 Years		c. CITY OR TOWN 18 MiNE Owensville, Mo		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First MARY Middle ANNA Last DIEKMANN				4. DATE OF DEATH Month Nov. Day 3 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH Mar 18, 1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months 7 Days 15		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Schoeneberg, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Hoemann			13b. MOTHER'S MAIDEN NAME Katherine Knehans		14. NAME OF HUSBAND OR WIFE Harold Diekmann		
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 Charles Diekmann, Owensville, Mo RF			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 							INTERVAL BETWEEN ONSET AND DEATH one year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) had fracture of right femur and right forearm							PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY 	STATE
21. I attended the deceased from 5/25/49 to 11/3/59 and last saw her alive on 10/29/59 Death occurred at 6:00PM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. R. Gismann (Degree or title)				22b. ADDRESS M.D. New Haven, Mo.		22c. DATE SIGNED 11/4/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-7-1959		23c. NAME OF CEMETERY OR CREMATORY St. James E&R Cem.		23d. LOCATION (City, town, or county) Stonyhill, Mo	
24. FUNERAL DIRECTOR Laurel Blum		ADDRESS Berger Mo		25. DATE RECD. BY LOCAL REG. 11-5-59		26. REGISTRAR'S SIGNATURE Delma Uffelman	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Hugo St. Germain

Licensed Embalmer No. 3160

P. O. Address Herrmann

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.