

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959 *24*

'59 044818

Registration District No. *24* Primary Registration District No. *3046* Registrar's No. *108* STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Moniteau b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jamestown Length of stay in 1b Life			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau c. CITY OR TOWN Jamestown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Home inside city limits Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle W. Last DIETZEL			4. DATE OF DEATH Month December Day 18, Year 1959		
5. SEX Male	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 1/17/1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Jamestown, Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Dietzel		13b. MOTHER'S MAIDEN NAME Dorthea Dalstine		14. NAME OF HUSBAND OR WIFE Rosa Lehman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 499-40-0895	17. INFORMANT Address Mrs. Rosa Dietzel, Jamestown, 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) Ventricular Fibrillation DUE TO (b) Acute Myocardial Failure DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY	STATE	
21. I attended the deceased from <i>seen only on 12/18/59</i> and last saw her/him alive on <i>deceased when seen</i> Death occurred <i>6:15 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Hugh Williams, MD</i> (Degree or title)			22b. ADDRESS <i>Jamestown, Mo</i>		22c. DATE SIGNED <i>12/19/59</i> (State)
23b. BIRTH, CREMATION, REMOVAL (Specify) Burial	23c. DATE Dec. 20, 1959	23d. NAME OF CEMETERY OR CREMATORY Jamestown Methodist Cem.	23e. LOCATION (City, town, or county) Jamestown, Mo. (State)		
24. FUNERAL DIRECTOR Hugh Williams, California, Mo. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 12/21/59	26. REGISTRAR'S SIGNATURE <i>W. H. Opey</i>		

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 Russell C. Mason

Licensed Embalmer No. 4804

P. O. Address San Francisco, California

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.