

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 233 '59 0 46524

FILED VS JAN - 6 1960 333 Registration District No. 6113 Primary Registration District No. 6113 Registrar's No. 6113 STATE FILE NUMBER

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 BENTON		Length of stay in 1b 30 YRS.		c. CITY OR TOWN BENTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) -		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HELEN Middle ROSE Last DIRNBERGER				4. DATE OF DEATH Month DEC. Day 19, Year 1959				
5. SEX FEMALE	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 JUNE 5 1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months 6 Days 14	IF UNDER 24 HR Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) NEW HAMBURG Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME EWALDT HAMM			13b. MOTHER'S MAIDEN NAME CATHERINE WESTRICH			14. NAME OF HUSBAND OR WIFE FRANK 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. NONE		17. INFORMANT Address MRS. FRED SEYER - Rt. 2 - CHAFFEE, 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) Myocardial Failure							INTERVAL BETWEEN ONSET AND DEATH 5 or 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Decompensation							5 or 6 days	
DUE TO (c) Arteriosclerosis + Chronic Myocarditis							Yrs -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza					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 Dec. 14, 1959 to Dec. 19, 1959 and last saw her alive on Dec. 18, 1959 Death occurred at 5.30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE M. P. Bragan, D.O.				22b. ADDRESS Benton, Missouri			22c. DATE SIGNED 12-22-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 22, 1959	23c. NAME OF CEMETERY OR CREMATORY ST. AUGUSTINE CATHOLIC CEM.		23d. LOCATION (City, town, or county) (State) KELSO, Missouri			
24. FUNERAL DIRECTOR BISPLINGHOFF FUNERAL HOME CHAFFEE, Mo.				25. DATE RECD. BY LOCAL REG. 12-24-59		26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter		

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee,

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.