

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018169

FILED VS JUN 13 1960

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b	c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 217 W. Randolph St., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Louie Middle William Last Diehl			4. DATE OF DEATH June 4, 1960 Month June Day 4 Year 1960	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10/11/1882	9. AGE (last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Factory worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Adair County, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Phillip H. Diehl	13b. MOTHER'S MAIDEN NAME Mary Tresa Gossman	14. NAME OF HUSBAND OR WIFE Rosa Howard
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. 190-10-6388A	17. INFORMANT Address Elmer C. Diehl, San Francisco, Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia (Bi-Lateral) DUE TO (b) Reptoisoccus Pneumoniae DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 16 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 **5-24-60** to **6-4-60** and last saw ^{her}him alive on **6-3-60**
Death occurred at **9:30** **A.**m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard A. Hall, D.O.		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 6-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/6/60	23c. NAME OF CEMETERY OR CREMATORY Willmathsville Cemetery	23d. LOCATION (City, town, or county) (State) Adair County, Mo.
24. FUNERAL DIRECTOR Paul K. Riley	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 6-8-1960	26. REGISTRAR'S SIGNATURE Doris W. Rattiff

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

RICHARD A. STILL, JR. D.O.

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 George W. Davel

Licensed Embalmer No. 4799

P. O. Address Kirksville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.