

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 9 1980

53

Registration District No. Primary Registration District No. 3010

Registrar's No. 306

=60-026136

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY CAPE		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 CAPE GIRARDEAU		Length of stay in 1b 6 WEEKS	c. CITY OR TOWN NEW HAMBURG
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		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 JOHN Middle MICHAEL Last DIRNBERGER			4. DATE OF DEATH Month JULY Day 23 Year 1960		
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 FEB. 9, 1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 5 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET.)		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) NEW HAMBURG, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOHN M. DIRNBERGER		13b. MOTHER'S MAIDEN NAME ROSE HEURING		14. NAME OF HUSBAND OR WIFE NORA 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. 48842-3830	17. INFORMANT Address MRS. JOHN DIRNBERGER - NEW HAMBURG, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic osteochondrosarcoma	1 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Osteochondrosarcoma of scapula	2 yrs
	DUE TO (c)	
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 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 **1958** to **23 July 60** and last saw him alive on **23 July 60**
 Death occurred at **9 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh B. Ashley Jr MD		22b. ADDRESS Cape Girardeau Mo		22c. DATE SIGNED 26 July 60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE July 27, 1960	23c. NAME OF CEMETERY OR CREMATORY ST. LAWRENCE CATHOLIC CEM.	23d. LOCATION (City, town, or county) (State) NEW HAMBURG MISSOURI	
24. FUNERAL DIRECTOR ADDRESS Bispinghoff Funeral Home - Craftee, Mo.		25. DATE RECD. BY LOCAL REG. 7-30-60	26. REGISTRAR'S SIGNATURE Lynn Kasten	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 9 1960

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, MI

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.