

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038725

FILED VS NOV 9 1960

156

Registration District No. \_\_\_\_\_ Primary Registration District No. 2001 Registrar's No. 519

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		Length of stay in 1b <b>70 yrs</b>		c. CITY OR TOWN <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>604 St. Louis Avenue</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>CAMERON</b> Middle _____ Last <b>DIEHL</b>				4. DATE OF DEATH Month <b>November</b> Day <b>1</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-11-1890</b>		9. AGE (last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steelworker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>General Steel Products Co.</b>		11. BIRTHPLACE (City and state or country) <b>Girard, Kansas</b>		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME <b>William Diehl</b>				13b. MOTHER'S MAIDEN NAME <b>Dollie Deill</b>				14. NAME OF HUSBAND OR WIFE <b>Fannie Diehl</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> <b>None</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Fannie Diehl, 604 St. Louis Ave., Joplin, Mo.</b>				Address			
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) <b>Pulmonary Edema &amp; Effusion</b>										<b>72 hrs</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <b>Hypostatic Pneumonia</b>		<b>5 days</b>	
DUE TO (c) <b>Uremia Acute Severe</b>										<b>21 days</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Myocardial Disease and Decompensation</b>								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 checked="" 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 <b>January 1960</b> to <b>Nov. 1, 1960</b> and last saw <sup>her</sup> him alive on <b>Nov 1, 1960</b> Death occurred at <b>8:55 P. M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Paul H. Grubb M.D.</b> (Degree or title)						22b. ADDRESS <b>Joplin, Mo</b>			22c. DATE SIGNED <b>11/3/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-3-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Park Cem.</b>		23d. LOCATION (City, town, or county) <b>Joplin, Missouri</b> (State)							
24. FUNERAL DIRECTOR <b>Thornhill-Dillon Mortuary, Joplin, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>11-3-1960</b>		26. REGISTRAR'S SIGNATURE <b>Rocco Merriano</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 14 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 \_\_\_\_\_

*David Dillon*

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

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