URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-044854

STATE FILE NUMBER

ED VS NOV 16 1960

ENDED

Registration District No. 391 Primary Registration District No. 4504 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: STODDARD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BELL CITY — Length of stay in 1b: 7 MONS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: SHETLEY NURSING HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SCOTT
c. CITY OR TOWN: NEW HAMBURG — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CLARA Middle: JULIA Last: DIRNBERGER
4. DATE OF DEATH: Month: OCT. Day: 28 Year: 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-11-1891
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months / Days — 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: HOME
11. BIRTHPLACE (City and state or country): KELSO, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: CASPER MENZ
13b. MOTHER'S MAIDEN NAME: ROSE WESTRICH
14. NAME OF HUSBAND OR WIFE: ALBERT DIRNBERGER
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.: 498-24-0436
17. INFORMANT: LUCILLE DIRNBERGER Address: NEW HAMBURG, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): diabetes — INTERVAL BETWEEN ONSET AND DEATH: gradual
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 July 20 1960, to July 20, 1960 and last saw her/~~him~~ alive on July 20, 1960
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. C. Masters M.D. (Degree or title)
22b. ADDRESS: Advance, Mo.
22c. DATE SIGNED: Nov. 7, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-31-1960
23c. NAME OF CEMETERY OR CREMATORY: ST. LAWRENCE CEMETERY
23d. LOCATION (City, town, or county) (State): NEW HAMBURG, MO.
24. FUNERAL DIRECTOR: EARL J. SMITH ADDRESS: ORAN, MO.
25. DATE RECD. BY LOCAL REG.: 11/12/60
26. REGISTRAR'S SIGNATURE: Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Earl J. Smith

Signature of Student Embalmer

Licensed Embalmer No. 2676

P. O. Address ORAN, MISSOURI

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