

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012247

STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 4113 Registrar's No. 11

AMENDED

FILED VS MAR 17 1961

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Belco Twp</u>	Length of stay in lb <u>7 wks.</u>	c. CITY OR TOWN <u>Belco</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Albert Diebold home</u>		d. STREET ADDRESS (If outside, give location) <u>_____</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>THERESA</u> Middle <u>L.</u> Last <u>DIEBOLD</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>5</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 15, 1879</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	11. BIRTHPLACE (City and state or country) <u>New Hamburg, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Leibler</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Reigert</u>	13c. NAME OF HUSBAND OR WIFE <u>Chas. Diebold</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Albert Diebold R. Collins, Mo</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 Wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombosis</u>		
DUE TO (c) <u>Cerebral arteriosclerosis</u>		
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.) <u>_____</u>
20c. TIME OF INJURY Hour <u>_____</u> a.m. <u>_____</u> p.m. Month, Day, Year <u>_____</u>	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.) <u>_____</u>
20f. CITY, TOWN, OR LOCATION <u>_____</u>		COUNTY <u>_____</u> STATE <u>_____</u>

21. I attended the deceased from 1-21-61 to 3-5-61 and last saw her/him alive on 3-5-61
Death occurred at 2 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J Marshall Jones M.D.</u>	22b. ADDRESS <u>Collins, Mo</u>	22c. DATE SIGNED <u>3-7-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/8/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Augustines Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Belco, Missouri</u>
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24. FUNERAL DIRECTOR <u>Bieplinghoff Funeral Home</u>	ADDRESS <u>_____</u>	25. DATE RECD. BY LOCAL REG. <u>Mar 8 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Fred Bieplinghoff</u>
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

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.