MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-016261
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 157

FILED APR 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0808
2 0808
3 2
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12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia — Length of stay in Ib: lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 418 North Summitt — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 418 North Summitt — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CHARLES Middle SHERMAN Last DIRCK
4. DATE OF DEATH: Month April Day 15 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4/22/90
9. AGE (last birthday): 71 — 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): Laborer, truck driver
10b. KIND OF BUSINESS OR INDUSTRY: Retail Lumber Co.
11. BIRTHPLACE (City and state or country): Sedalia, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jacob Dirck
13b. MOTHER'S MAIDEN NAME: Nancy Ellen Selvey
14. NAME OF HUSBAND OR WIFE: Anna Mae Pummill Dirck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ~~XXXXXXX~~
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Anna Mae Dirck, Address 418 North Summitt Sedalia, 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): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): generalized atherosclerosis
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

VIEWED

21. I ~~attended~~ viewed the deceased from [illegible], to [illegible] and ~~last saw~~ her/him alive on [illegible]
Death occurred at [illegible] on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Chas Sorden Henry Jochmus (Degree or title)
22b. ADDRESS: Conway Pettis Co
22c. DATE SIGNED: 4-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr 20 1962
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
23d. LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR: Marvel Funeral — ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: April 16, 1962
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed R. E. Baker

Signature of Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.