

FILED APR 9 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 8545

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE Mo.		c. CITY (If outside corporate limits, write RURAL and give township) PRairie Home Mo.	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) PRairie Home Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION MAHS NURSING HOME			

3. NAME OF DECEASED (Type or Print) BERNARD	a. (First)	b. (Middle) J	c. (Last) DIEDRICH	4. DATE OF DEATH (Month) (Day) (Year) April 1 - 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG 15 - 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Month 6 Days 16 Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM LABORER MISSOURI		11. BIRTHPLACE (City and State or Foreign Country) U.S.	

13a. FATHER'S NAME W^m DIEDRICH	13b. MOTHER'S MAIDEN NAME MARY BANWARTH	14. NAME OF HUSBAND OR WIFE SINGLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mary Dick Prairie Home Mo	ADDRESS Prairie Home Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis		
	ANTECEDENT CAUSES		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sensility		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Jan 1951** to **April 1956**, that I last saw the deceased alive on **March 1956**, and that death occurred at **9:24 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. L. Dieckraeger M.D.	(Degree or title)	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 4/3/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/4 - 1956	24c. NAME OF CEMETERY OR CREMATORY CEDRON CATH. CEM. NEAR PRAIRIE HOME MO.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 4/3/56	REGISTRAR'S SIGNATURE H. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE ALBERT HORNBECK PRAIRIE HOME	ADDRESS Prairie Home Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
Student Embalmer

Signed E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Praine Home 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 this body is not embalmed, fact should be so stated above.