

CERTIFICATE OF DEATH

124

STATE FILE NUMBER

70 0008050

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 83

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Clarence Chester Dietzel</u>					2. <u>male</u>	3. <u>Feb. 24, 1970</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY (YEARS))		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>white</u>		5a. <u>70</u>		5b. <u>mos.</u>	5c. <u>hours</u>	6. <u>Feb. 5, 1900</u>	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Sedalia</u>		7c. <u>yes</u>		7d. <u>Rest Haven Nursing Home</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <u>Mo.</u>		9. <u>U.S.A.</u>		10. <u>married</u>		11. <u>Florence Nickels</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <u>493-28-8167</u>		13a. <u>Retired Guard</u>		13b. <u>Mo. Prison</u>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. <u>Mo.</u>		14b. <u>Moniteau</u>	14c. <u>California</u>		14d. <u>yes</u>		14e. <u>803 S. Oak</u>

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. <u>William C. Dietzel</u>					16. <u>Mary E. Schilb</u>				
INFORMANT—NAME					MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <u>Ralph Dietzel, son</u>					17b. <u>Rt. 4-Jefferson City, Mo. 65018</u>				

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE				
(a) <u>Severe premature brain deterioration,</u>				<u>gradual</u>
DUE TO, OR AS A CONSEQUENCE OF:				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <u>cause undetermined.</u>		
		DUE TO, OR AS A CONSEQUENCE OF:		
		(c)		

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
				19a. <u>yes</u>	19b. <u>yes</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a. <u>2</u>	20b. <u>5-18-69</u>	20c. <u>M.</u>	20d. <u>20d.</u>		
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
21a. <u>2</u>	21b. <u>20e.</u>	21c. <u>20g.</u>		21d. <u>20h.</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	

CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. <u>5-18-69</u>	21b. <u>2-24-70</u>	21c. <u>2-24-70</u>	21d. <u>2-24-70</u>	21e. <u>2-24-70</u>	21f. <u>2-24-70</u>	21g. <u>2-24-70</u>	21h. <u>2-24-70</u>	21i. <u>10:45A</u>	

CERTIFIER

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD	MONTH	DAY	YEAR	HOUR
22a. <u>5-18-69</u>		22b. <u>2-24-70</u>	22c. <u>2-24-70</u>	22d. <u>2-24-70</u>	22e. <u>2-24-70</u>	22f. <u>2-24-70</u>	22g. <u>2-24-70</u>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE/DEGREE	DATE SIGNED (MONTH, DAY, YEAR)			
23a. <u>Karl B. Gonser, M.D.</u>		23b. <u>Karl B. Gonser M.D.</u>	23c. <u>MD.</u>	23d. <u>2-24-70</u>			
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP	
23a. <u>101 1/2 South Ohio,</u>		23b. <u>Sedalia,</u>		23c. <u>Mo.</u>	23d. <u>65301</u>		

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE
24a. <u>Burial</u>	24b. <u>City Cemetery</u>	24c. <u>California,</u>	24d. <u>Mo.</u>	24e. <u>Mo.</u>
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24a. <u>Feb. 26, 1970</u>	24b. <u>Bowlin Funeral Home - California Mo. 65018</u>			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>Bob A. Bowlin</u>	25b. <u>Thomas Shelby By Ruth</u>	25c. <u>Feb 25, 1970</u>		

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

MAR 2 1970

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 Jack H Bowdin

Licensed Embalmer No. 4933

P. O. Address California, 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.