

FILED OCT 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33016

State File No.

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 130

0272

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Coope r.	
b. CITY OR TOWN Boonville	c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY OR TOWN Boonville	0272
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home 811 Third St.		d. STREET ADDRESS (If rural, give location) 811 Third St.	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) c. (Last) Dudenhoeffer.	4. DATE OF DEATH (Month) (Day) (Year) October 25 1951
--	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 6 1894	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
-------------	------------------------	--	---------------------------------	------------------------------------	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder	10b. KIND OF BUSINESS OR INDUSTRY Road Construction	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
--	---	--	-----------------------------------

13a. FATHER'S NAME Jacob Dudenhoeffer	13b. MOTHER'S MAIDEN NAME Catherine Ebert.	14. NAME OF HUSBAND OR WIFE Mrs. Laura Dudenhoeffer
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 487207-1753	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Lorene Meamber, Boonville, Mo.
---	-------------------------------------	---

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, asthemia, 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) Myocarditis		Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute Bronchitis			3 wks

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------------------------	---------------------------------------	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 10-22-1951, to 10-25, 1951, that I last saw the deceased alive on 10-25-1951, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE T.C. Beckett md	23b. ADDRESS Boonville, Mo	23c. DATE SIGNED 10-26-51
--------------------------------	----------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE Oct/27 1951	24c. NAME OF CEMETERY OR CREMATORY Catholic	24d. LOCATION (City, town, or county) (State) Bonnots Mill, Missouri.
--	-----------------------	---	---

DATE REC'D BY LOCAL REG. 10-26-51	REGISTRAR'S SIGNATURE D. Hooper 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.
-----------------------------------	-------------------------------------	---

2967 42 1777

7. 1777

RECEIVED OCT 30 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 30 1951

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

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Brownville, 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.