

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9703**

No. 300  
10-48

FILED APR 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **3056** Registrar's No. **77**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (In this place) <b>7 weeks</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shepard Rest Home</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bevier, Mo. 0610</b>	
		d. STREET ADDRESS (If rural, give location) <b>1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>—</b> c. (Last) <b>Fiedler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 - 3 - 1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>unmarried</b>	8. DATE OF BIRTH <b>11-21-73</b>
9. AGE (In years last birthday) <b>80</b>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>
12. CITIZENSHIP OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>August Hillmann</b>	
13b. MOTHER'S MAIDEN NAME <b>Beata Adolph</b>		14. NAME OF HUSBAND OR WIFE <b>—</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ray Fiedler</b>		ADDRESS <b>Bevier, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral Virus Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>28 days</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.		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 <b>492X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 <b>March 13, 1954</b> , to <b>April 3, 1954</b> , that I last saw the deceased alive on <b>April 3, 1954</b> , and that death occurred at <b>10:50 pm</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. O. S. Madison, M.D.</b>		23b. ADDRESS <b>Madison, Mo.</b>	23c. DATE SIGNED <b>4-5-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4-6-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>West Oakwood</b>	24d. LOCATION (City, town, or county) (State) <b>Bevier, Mo</b>
DATE REC'D BY LOCAL REG. <b>4-6-54</b>	REGISTRAR'S SIGNATURE <b>Charles William Lane</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. S. Edwards</b>	ADDRESS <b>Bevier, Mo</b>

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

*H. E. Edwards*

Licensed Embalmer No. 1961

P. O. Address Berlin, 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.