

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14954

State File No. \_\_\_\_\_  
Registrar's No. 591

BIRTH NO. 28431-54 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

FILED JUN 14 1954

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>Faucett</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Everett</b> c. (Last) <b>Fiedler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 7, 1954</b>		
5. SEX <b>D</b> <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>June 3, 1954</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>baby</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>XXXXX</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Edward Lenc Fiedler</b>		13b. MOTHER'S MAIDEN NAME <b>Cecilia May Roberts</b>		14. NAME OF HUSBAND OR WIFE <b>XXXXX</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>XXXXX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward L. Fiedler Faucett, Mo.</b>	

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, ashenia, 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) <b>Congenital Portal Obstruction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hereditary Syphilis from birth</b> DUE TO (c) <b>Maternal Syphilis</b>		
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>0202</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>	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 6-3-54, 1954, to 6-7-, 1954, that I last saw the deceased alive on 6-7-54, 1954, and that death occurred at 1:55p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edw. L. Fiedler</b>	23b. ADDRESS <b>5105 King Hill St. Joseph</b>	23c. DATE SIGNED <b>6-7-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/8/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph Mo</b>		

DATE REC'D BY LOCAL REG. <b>June 10, 1954</b>	REGISTRAR'S SIGNATURE <b>Esther M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <b>Robert E. Kopp St. Joseph</b>
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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~~ .....

working under my personal supervision.

Student Embalmer No. ....

Signed

*Alvin E. Bazon*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4995*

P. O. Address *St. Joseph, 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.