

FILED MAR 28 1955

STANDARD CERTIFICATE OF DEATH

7511

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Gir.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Wells</u> <u>01601</u>	
c. LENGTH OF STAY (In this place) <u>5 wks</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. E. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>H.</u> c. (Last) <u>TIEDEMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-20-55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-20-76</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>New Wells Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>HERMAN Tiedemann</u>		13b. MOTHER'S MAIDEN NAME <u>Luhre</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Tiedemann</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edwin Tiedemann, New Wells</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr Myocarditis</u>		DUPLICATE (b) <u>Arteriosclerosis</u>				<u>2 mos</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>10 yrs</u>	
		DUPLICATE (c) <u>Renal failure</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Obstruction</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pr. prostate Hypertrophy + Chr. Nephritis - 422h</u>				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 2-17, 1955, to 3-20, 1955, that I last saw the deceased alive on 3-20, 1955, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul B. Hirschbaum M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>3-22-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/22/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Wells</u>	
24d. LOCATION (City, town, or county) (State) <u>New Wells Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Combs 444 E. Jackson Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-22-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u> <u>44-0</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
50.48

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 _____

BA Meyer

Licensed Embalmer No. _____

305-1

P. O. Address _____

Jackson Ala

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.