

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **27735**

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>28</u>		
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Granby</u> )		c. LENGTH OF STAY (in this place) <u>10 min.</u>		c. CITY OR TOWN <u>Granby</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Granby Community Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>None</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Allie</u> c. (Last) <u>Tiedeman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-13-1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 31, 1906</u>		
9. AGE (In years last birthday) <u>40</u>		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>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Louis Tiedeman</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Lamphere</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Gertrude Tiedeman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-07-6664</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Gertrude Tiedeman Granby, MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>  ANTECEDENT CAUSES DUE TO (b) <u>Food poisoning (botulism)</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <u>5 Minutes</u>  <u>1 day</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		<u>0491</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>11:11</u> on <u>8/13, 1956</u> , to _____, 19____, that I last saw the deceased alive on <u>8/13</u> , 19 <u>56</u> , and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Granby, Mo.</u>		23c. DATE SIGNED <u>8/21/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Green</u>		24d. LOCATION (City, town, or county) (State) <u>Boulder City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Aug 22 1956</u>		REGISTRAR'S SIGNATURE <u>M. E. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred E. Slawinski</u>		ADDRESS <u>Granby, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 27 1956

AUG 28 1956

**RECEIVED**

District Health Officer No. *Newton*  
District File Number *856-137*  
Date Filed *AUG 24 1956*

**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 *Floyd E. Skumbe L.*

Licensed Embalmer No. *4923*  
P. O. Address *Box 58 Granby, Me*

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.