

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41208**

**FILED DEC 26 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 168

0362

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

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WASHINGTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BLAND</b>	
c. LENGTH OF STAY (In this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSP.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HENRY AUGUST</b>	b. (Middle) <b>KAEDING</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC 18-1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN 25-1879</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>23</b>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JOHN KAEDING</b>	13b. MOTHER'S MAIDEN NAME <b>CHARLOTTE KLAAS</b>	14. NAME OF HUSBAND OR WIFE <b>Sophia Kaeding (deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Erna Weber</b>	ADDRESS <b>Bland, Mo.</b>
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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>Chronic Myocarditis - Terminal right bundle branch block and decompensation</b>		<b>11 1/2 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <b>Advanced Arteriosclerosis</b>		<b>5 yrs.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (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 12-9, 1951, to 12-18, 1951, that I last saw the deceased alive on 12-17, 1951, and that death occurred at 11:30p, from the causes and on the date stated above.

23a. SIGNATURE <b>Renee Brunner, M.D.</b> (Degree or title)	23b. ADDRESS <b>Owensville, Mo.</b>	23c. DATE SIGNED <b>12-20-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Dec. 21/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bland, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 23, 1951</b>	REGISTRAR'S SIGNATURE <b>Z.P. Heilmann</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sassmann's Funeral Service</b>	ADDRESS <b>Bland,</b>
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FILE NO. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

DEC 26 1951

RECEIVED

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Orter Sannan

Licensed Embalmer No. 2178

P. O. Address Blad - 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.