

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12421

State File No. \_\_\_\_\_

FILED MAY 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 17 PRIMARY REG. DIST. NO. 3016 Registrar's No. 109

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

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>	
c. LENGTH OF STAY (In this place) <u>30 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>620 W. MAIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>620 W. MAIN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>DUDENHOEFFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2, 1952</u>		
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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>SEPT. 21, 1894</u>	9. AGE (In years last birthday) <u>57</u>	10. MONTHS <u>7</u>	11. DAYS <u>11</u>	12. UNDER 18 HRS. <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILCO WALZ CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LOOSE CREEK, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>JACOB DUDENHOEFFER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE EBERT</u>		14. NAME OF HUSBAND OR WIFE <u>ORA LONG</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-09-4758</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LEO DUDENHOEFFER J. C. MO.</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Dis</u> ANTECEDENT CAUSES <u>Sclerotic Heart Dis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>incision 4201</u>				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 April 4, 1952 to June 19, 1952 that I last saw the deceased alive on April 9, 1952, and that death occurred at 9 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. J. Mansur M.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City MO</u>		23c. DATE SIGNED <u>4-9-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>May 2-1952</u>		REGISTRAR'S SIGNATURE <u>A. P. Davis MD-JR</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sylvester Sulle J. C. MO.</u>	
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FEB 13 1953

MAR 31 1953

FEB 13 1953

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

*Sylvester Duller*

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.