

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27686**

ED SEP 3-1952

BIRTH NO. _____ REG. DIST. NO. **11A** PRIMARY REG. DIST. NO. **5 42S** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural-Boeuf	c. LENGTH OF STAY (in this place) township) 87 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Boeuf 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION His Residence		d. STREET ADDRESS (If rural, give location) 1/8 Mile West of Berger, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) HERMAN	c. (Last) JUEDEMANN	4. DATE OF DEATH (Month) (Day) (Year) 8 28 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-17-1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 3 Days 11	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) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Berger Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Juedemann	13b. MOTHER'S MAIDEN NAME Anna Bottermann	14. NAME OF HUSBAND OR WIFE Louisa Juedemann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mr. Victor Juedemann, Berger Mo	ADDRESS RF
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon		2 yrs.
	ANTECEDENT CAUSES Morbid 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.		Hypertrophied prostate with urinary retention	5-6 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153X	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)
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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?
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22. I hereby certify that I attended the deceased from **2/20**, **1944**, to **8/28**, **1952**, that I last saw the deceased alive on **8/25**, **1952**, and that death occurred at **2:00P** m., from the causes and on the date stated above.

23a. SIGNATURE B. P. Eisenmann (Degree or title) M.D.	23b. ADDRESS New Haven, Missouri	23c. DATE SIGNED 8/29/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-31-1952	24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	24d. LOCATION (City, town, or county) (State) Berger RFD Mo
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DATE REC'D BY LOCAL REG. 8.29.52	REGISTRAR'S SIGNATURE D. E. Juge	FEDERAL DIRECTOR'S SIGNATURE James H. Blumer	ADDRESS Berger Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

360

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 Chas. R. Pope

Licensed Embalmer No. 2552

P. O. Address Herman, 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.