

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17608**

FILED MAY 18 1953

BIRTH NO.		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Franklin		b. CITY (If outside corporate limits, write RURAL, and give township) Washington		a. STATE Missouri		b. COUNTY Franklin	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL, and give township) Washington		d. STREET ADDRESS (If rural, give location) 819 Roberts St.	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Mary		b. (Middle) C.		c. (Last) Vedder		(Month) (Day) (Year) May 13 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 21 1870	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri	
11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Henry Klingsick		13b. MOTHER'S MAIDEN NAME Charlotta Beims	
13a. FATHER'S NAME Henry Klingsick		13b. MOTHER'S MAIDEN NAME Charlotta Beims		14. NAME OF HUSBAND OR WIFE Frank Vedder			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm. H. J. Romeyer		ADDRESS Washington, Mo.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) Influenza			
				DUE TO (c) arterio-sclerosis			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 480x			
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 <u>May 4</u> , 19 <u>53</u> , to <u>May 17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 17</u> , 19 <u>53</u> , and that death occurred at <u>2:35 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. M. D.				23b. ADDRESS Washington Mo.		23c. DATE SIGNED 5-18-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1953		24c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery		24d. LOCATION (City, town, or county) (State) New Haven, Missouri.	
DATE REC'D BY LOCAL REG. May 13 1953		REGISTRAR'S SIGNATURE R. S. Hudson		25. FUNERAL DIRECTOR'S SIGNATURE Hieburg & ...		ADDRESS Washington, Mo.	

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

362

0362

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

Lester A. Pitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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 this body is not embalmed, fact should be so stated above.