

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31313

State File No. \_\_\_\_\_ Registrar's No. 86

FILED OCT 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>NEBRASKA</u> b. COUNTY _____	
b. CITY OR TOWN <u>CAMERON</u>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>BATTLE CREEK</u>	8 260
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUDOLPH</u> b. (Middle) <u>FREDRICK</u> c. (Last) <u>TIEDGEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 1 - 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 27 1872</u>	9. AGE (In years last birthday) <u>81</u>	if UNDER 1 YEAR Months _____ Days _____
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 (State or foreign country) <u>BATTLE CREEK NEBR.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>John F. Tiedgen</u>		13b. MOTHER'S MAIDEN NAME <u>GUNKOL</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE TIEDGEN</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MA. STEFFAN BATTLE CREEK NEBR.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fr. Skull Fr. nasal bones</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fr. of bones of the face</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Shock, Laceration of face &amp; head</u>			
DUE TO (c) _____		_____			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi way 26 - 3 mi East Cameron, Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Childwell Mo</u>	21d. STATE <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 - 1 - 53 9A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident.</u>		

22. I hereby certify that I attended the deceased from 10-1, 1953, to 10-1, 1953, that I last saw the deceased alive on 10-1, 1953, and that death occurred at 2:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. D. Kimes M.D.</u>		23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>10-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Battle Creek Comby</u>	24d. LOCATION (City, town, or county) (State) <u>Battle Creek NEBR</u>		
DATE REC'D BY LOCAL REG. <u>10-3-1953</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>De Moss CRUNK, Cameron Mo</u>		

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

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NOV 3 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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed.....

*Lee Moss Brent*

Licensed Embalmer No. ....

*2533*

P. O. Address.....

*Camden, 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.