

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12942

State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Moberly
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) R.F.D. #3		0880	

3. NAME OF DECEASED (Type or Print)	a. (First) Sophia	b. (Middle)	c. (Last) Heddinghaus	4. DATE OF DEATH (Month) (Day) (Year) 4/20/55
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2/23/1870	9. AGE (In years; last birthday) 85	IF UNDER 1 YEAR Months Days	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) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ignatius Lier	13b. MOTHER'S MAIDEN NAME Mariah Schneider	14. NAME OF HUSBAND OR WIFE John Heddinghaus
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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 Lee Heddinghaus	ADDRESS Moberly, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fracture hip left.		INTERVAL BETWEEN ONSET OF DEATH 24 days 12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Pneumonia bronchial E9040 21		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 18 Apr 55	19b. MAJOR FINDINGS OF OPERATION Skp Nailing - Intertrochanteric fracture	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly Randolph Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Apr 17 55 2P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall
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22: I hereby certify that I attended the deceased from **17 Apr 1955** to **20 Apr 1955** that I last saw the deceased alive on **20 Apr 1955** and that death occurred at **5:25 m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert G. Mo.	(Degree or title)	23b. ADDRESS Moberly, Mo.	23c. DATE SIGNED 23 Apr 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/22/55	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Moberly Missouri
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DATE REC'D BY LOCAL REG. 4-22-55	REGISTRAR'S SIGNATURE Leavelle	269	25. FUNERAL DIRECTOR'S SIGNATURE Marion E. Million	ADDRESS Moberly, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

383
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JUN 13 1955

AUG 3 1961

AUG 5 1955

AUG 3 1960

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 3957

P. O. Address Moberly, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.