

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensville	c. LENGTH OF STAY (In this place) 33 years	c. CITY OR TOWN Owensville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 203 E. Franklin		e. STREET ADDRESS (If rural, give location) 203 E. Franklin 0370	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Frederick c. (Last) Giedinghagen	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1955
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5. SEX male <input type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 28, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	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) minister	10b. KIND OF BUSINESS OR INDUSTRY carpenter	11. BIRTHPLACE (City and State or Foreign Country) Mt. Sterling, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frederick W. Giedinghagen	13b. MOTHER'S MAIDEN NAME Johannah Leimkuehler	14. NAME OF HUSBAND OR WIFE Virginia Phelps Giedinghagen
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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 Mrs. Hy. Giedinghagen	ADDRESS Owensville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute paraplegia due to cerebral hemorrhage		36 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Advanced generalized arterio-sclerosis		5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous left hemiplegia 10-2-53		2 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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) m.	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 11-19, 1955, to 11-20, 1955, that I last saw the deceased alive on 11-20, 1955, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Paula Bonnell, M.D.	(Degree or title)	23b. ADDRESS Owensville Mo	23c. DATE SIGNED 11-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11-23-1955	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Owensville, Mo.
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DATE REC'D BY LOCAL REG November 23, 1955	REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer	493	25. FUNERAL DIRECTOR'S SIGNATURE McKard H H Winter	ADDRESS OWENSVILLE
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Me*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Michael R. N. [Signature]*.....

Licensed Embalmer No... 38

P. O. Address OWENS J.

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.