

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

378338
State File No.

FILED NOV 21 1955

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052 Registrar's No. 270

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Woodbury</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Matheby</u>		c. CITY OR TOWN <u>Corvationville</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>814th St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John Frederick</u> b. (Middle) <u>William</u> c. (Last) <u>Ludwig</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>married</u>	
8. DATE OF BIRTH <u>5/3/1904</u>		9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Battle Creek, Ia.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Edward Ludwig</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Noble</u>		14. NAME OF HUSBAND OR WIFE <u>Hilda Bay-Ludwig</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Hilda Ludwig</u> ADDRESS _____	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>mitral valvular insufficiency and stenosis - decompensated</u> ANTECEDENT CAUSES DUE TO (b) <u>pneumonia fever</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>H10X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> <u>34 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral vascular occlusion</u>				<u>3 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 Nov 14, 1954, to Nov 10, 1955, that I last saw the deceased alive on Nov 10, 1955, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles H. Moberly</u>		23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>Nov 10 55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/13/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corvationville</u>		24d. LOCATION (City, town, or county) (State) <u>Corvationville, Ia</u>	
DATE REC'D BY LOCAL REG. <u>11-13-55</u>		REGISTRAR'S SIGNATURE <u>Leah Soule</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Freda Thompson</u>		ADDRESS <u>Moberly</u>	

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

Student.....
Signature of Student Embalmer

Signed.....
Wm Fred A. Henry

Licensed Embalmer No...*372*...

P. O. Address.....
Madison

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.